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

L060407

TIME HORSES LOADED ON CONVEYANCE: 10 pm	DATE: 1-2-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) redacted	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	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	1157		X							X				X				
2	1158		X						X					X				
3	1159		X							X				X				
4	1160		X							X						X		OFF
5	1161		X						X							X		
6	1162		X							X					X			
7	1163		X							X				X				
8	1164						X			X				X				
9	1165		X							X				X				
10	1166				X					X						X		
11	1167							White		X				X				
12	1168		X							X						X		
13	1169							Pal		X				X				
14	1170				X								CB			X		
15	1171				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: Bruce Rotz

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1172					X				X				X				
17	1173							PAL		X						X		
18	1174		X							X						X		
19	1175							PAL		X				X				
20	1176		X							X						X		
21	1177				X					X				X				
22	1178						X			X				X				
23	1179						X						PAL	X				
24	1180		X							X						X		
25	1181						X						PAL	X				
26	1182							PAL		X				X				OFF
27	1183		X							X						X		
28	1184		X							X				X				
29																		
30																		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060400

TIME HORSES LOADED ON CONVEYANCE: 11 pm	DATE: 1-3-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1188						X				X			X				
2	1189							PAL		X				X				
3	1190						X			X				X				
4	1191						X			X				X				
5	1192						X			X				X				
6	1193		X							X				X				
7	1194		X							X				X				
8	1195		X							X				X				
9	1196						X			X				X				
10	1197						X			X				X				
11	1198							BSWN		X						X		
12	1199					X				X				X				
13	1200					X				X				X				
14	1201		X							X				X				
15	1202						X			X				X				

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

SIGNATURE: [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1203				X					X				X				
17	1204					X				X				X				
18	1205					X				X				X				
19	1206						X			X						X		
20	1208		X							X						X		
21	1209						X			X						X		
22	1210		X							X				X				
23	1211				X					X						X		
24	1212		X							X				X				
25	1213						X			X						X		
26	1214		X										Mule	X				
27	1216		X							X						X		
28	1217		X							X				X				
29																		
30																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

TJ060409

TIME HORSES LOADED ON CONVEYANCE: 8:50am RA9642L

DATE: Jan 4/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFE

	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	1105			X						X						X		
2	1108				X					X				X				
3	1131				X					X				X				
4	1135		X							X				X				
5	1138		X							X				X				
6	1139		X							X				X				
7	1207		X							X						X		
8	1215							HPL		X				X				
9	1218		X							X						X		
10	1223		X							X						X		
11	1224		X							X						X		
12	1225		X							X						X		
13	1227						X			X				X				
14	1228						X			X				X				
15	1229		X							X				X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1230		X							X				X				
17	1234		X							X				X				
18	1235						X			X						X		
19	1236		X							X				X				
20	1237						X		X							X		
21	1238		X						X							X		
22	1239		X						X							X		
23	1240						X		X							X		
24	1241		X						X							X		
25	1242		X						X							X		
26	1243		X						X					X				
27	1244		X						X					X				
28	1245		X						X					X				
29	1246							Red Roan	X					X				
30	1247		X						X					X				
31	1248		X						X					X				
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED
OMB NO. 0579-0160
L060610

TIME HORSES LOADED ON CONVEYANCE: 11 pm	DATE: 1-4-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	1126		X							X						X		
2	1126		X							X				X				
3	1132		X							X						X		
4	1133		X							X						X		
5	1134		X					Pa		X				X				
6	1143		X							X				X				
7	1152		X							X				X				
8	1155		X							X						X		
9	1219						X					X		X				
10	1220							Pa		X						X		
11	1221		X							X						X		
12	1233							Pa		X				X				
13	1234						X				X			X				
14	1255		X							X				X				
15	1256		X							X				X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

11 pm 1-4-11

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060410

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1257		X							X						X		
17	1258				X					X						X		
18	1259		X							X						X		
19	1260						X		X							X		
20	1261						X						HF	X				
21	1262				X					X						X		
22	1263		X							X						X		
23	1264						X			X				X				
24	1265		X							X						X		
25	1266		X							X						X		
26	1267		X							X						X		
27	1268					X				X				X				
28	1269						X			X					X			
29																		
30																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

1002411

TIME HORSES LOADED ON CONVEYANCE: 22100	DATE: 1-6-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1192		X							X				X				
2	1197			X						X					X			
3	1233		X							X				X	X			
4	1236		X							X				X				
5	1231					X				X				X				
6	1270						X			X						X		
7	1271		X							X				X				
8	1272						X			X						X		
9	1273		X							X				X				
10	1274				X					X				X				
11	1275							Roan		X						X		
12	1276		X							X						X		
13	1277						X			X				X				
14	1278						X			X				X				
15	1279		X							X						X		

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

2210 1-6-11

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

0060411

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Blue Roan						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1288						X			X				X				Off
17	1291						X			X				X				
18	1292						X			X				X				
19	1293		X							X						X		
20	1294		X							X						X		
21	1295			X						X				X				
22	1296		X							X				X				
23	1297		X							X				X				
24	1298				X					X						X		
25	1299						X			X				X				
26	1300							X		X				X				
27	1301						X			X				X				
28	1302	X								X						X		
29	1304		X							X				X				
30																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

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

2060812

TIME HORSES LOADED ON CONVEYANCE: 8 pm	DATE: 1-9-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1142						X			X				X				
2	1186		X							X				X				
3	1253				X					X				X				
4	1280						X			X				X				
5	1292						X				X					X		
6	1293							PAL		X				X				
7	1294						X				X			X				
8	1295		X							X				X				
9	1296		X							X						X		
10	1297					X				X				X				
11	1298		X							X				X				
12	1302						X						SB			X		
13	1303		X							X						X		
14	1305						X			X						X		
15	1306						X			X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1307				X					X				X				
17	1308				X					X				X				
18	1310						X			X					X			
19	1315		X							X						X		
20	1316		X							X						X		
21	1318						X			X						X		
22	1322						X			X				X				
23	1324						X			X						X		
24	1327				X					X				X				
25	1328						X			X				X				
26	1329									X				X				
27	1334		X							X				X				
28	1335						X			X				X				
29																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

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

T.0000613

TIME HORSES LOADED ON CONVEYANCE: 8 pm	DATE: 1-10-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1251						X			X						X		
2	1299		X							X						X		
3	1313		X							X						X		
4	1319				X					X				X				
5	1323						X			X				X				
6	1336						X			X						X		
7	1337		X							X				X				
8	1338		X							X						X		
9	1339						X			X				X				
10	1340					X				X				X				
11	1341						X			X						X		
12	1343							Pinto		X						X		
13	1350				X					X				X				
14	1352		X						X					X				
15	1353							Pinto		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	1354			X						X				X				
17	1355						X			X						X		
18	1356						X			X				X				
19	1357						X			X						X		
20	1358						X			X				X				
21	1360						X			X				X				
22	1361							PPL		X				X				
23	1362					X				X						X		
24	1364							PPL		X						X		
25	1365		X							X				X				
26	1368							PPL		X						X		
27																		
28																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

3060412

TIME HORSES LOADED ON CONVEYANCE: 8:00am RA9692K

DATE: Jan 11 /11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1307						X			X						X		
2	1310		X					SN								X		
3	1320		X					SB						X				
4	1321						X	SB								X		
5	1304						X			X						X		
6	1311		X							X						X		
7	1312						X			X				X				
8	1314				X					X				X				
9	1317		X							X				X				
10	1320						X			X						X		
11	1321		X							X				X				
12	1325						X			X				X				
13	1330				X					X				X				
14	1331					X				X						X		
15	1332					X				X						X		

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

8:00am

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

0060414

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1333				X					X				X				
17	1336		X							X						X		
18	1340				X					X						X		
19	1344		X							X				X				
20	1345		X							X				X				
21	1346						X			X				X				
22	1347							Bay Spot		X				X				
23	1348						X			X						X		
24	1349			X						X				X				
25	1351		X						X					X				
26	1359							White		X				X				
27	1363					X				X				X				
28	1365						X			X				X				
29	1366		X							X						X		
30	1369			X						X						X		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30 Am	DATE: 1-12-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFD

	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	1160							X		X						X		
2	1165						X			X				X				
3	1170						X			X						X		
4	1171						X			X				X				
5	1172						X			X				X			045	
6	1173		X							X				X				
7	1174		X							X				X				
8	1175						X			X						X		
9	1176						X			X				X				
10	1177				X					X						X		
11	1178		X							X				X				
12	1179						X			X				X				
13	1180							X		X				X				
14	1181				X					X						X		
15	1182						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

LC50015

USDA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1383		X							X				X				
17	1384		X							X				X				
18	1385		X							X				X				
19	1386						X			X				X				
20	1387						X			X				X				
21	1388		X							X				X				
22	1389						X			X				X				
23	1390		X							X				X				
24	1391						X			X				X				
25	1392		X							X				X				
26	1393		X							X				X				
27	1394						X				X			X				
28	1395						X				X					X	OFF	
29																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30 PM	DATE: 1-15-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	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	1355						X				X					X		
2	1356		X							X						X	off	
3	1359		X							X						X	opt	
4	1360		X							X						X		
5	1361					X				X				X				
6	1362						X			X						X		
7	1363		X							X						X		
8	1364		X							X						X		
9	1365						X			X						X		
10	1366						X						Mare	X				
11	1368		X							X				X				
12	1369		X							X						X		
13	1370					X							Co	X				
14	1371		X							X				X				
15	1372		X										Sp			X		

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

0000416

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1413		X							X				X				
17	1414		X							X						X		
18	1415				X					X					X			
19	1416			X						X						X		
20	1417						X			X				X				
21	1418		X							X				X				
22	1419		X							X				X				
23	1420		X							X				X				
24	1421						X			X				X				
25	1422						X			X				X				
26	1423		X							X				X				
27	1424							Roan		X				X				
28	1425							Roan		X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

5060417

TIME HORSES LOADED ON CONVEYANCE: 10 PM	DATE: 1-16-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1396		X							X						X		
2	1397						X				X			X				
3	1398						X				X			X				
4	1399		X							X						X		
5	1401				X						X					X		
6	1406		X							X						X		
7	1407						X			X				X				off
8	1408		X							X				X				
9	1409							Bay Skin		X						X		off.
10	1430		X							X				X				
11	1431						X			X						X		
12	1432		X							X						X		
13	1433						X			X						X		
14	1435						X		X							X		
15	1439					X				X					X			

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

SIGNATU[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1440					X				X				X				
17	1441						X			X				X				
18	1442		X							X				X				
19	1443						X			X						X		
20	1444						X			X				X				
21	1445					X				X						X		
22	1446						X			X				X				
23	1447		X							X				X				
24	1448							None		X				X				
25	1449						X				X					X		
26	1450							None					None			X		
27	1451						X						None	X				
28																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

L050427

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 1-30-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

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

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	1708									X								
2	1711							WHITE		X				X				
3	1712							PAL		X				X				
4	1713						X			X				X				
5	1714							PL RW		BL RW				X				
6	1715					X				X				X				
7	1716			X						X						X		
8	1717		X							X				X				
9	1718						X			X				X				
10	1719		X							X				X				
11	1720						X			X				X				
12	1721						X			X				X				
13	1722		X							X						X		
14	1723					X				X						X		
15	1724						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)

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(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1725						X			X				X				
17	1726		X							X						X		
18	1727							Appl		X						X		
19	1728		X							X						X		
20	1729					X				X						X		
21	1730		X							X				X				
22	1731				X					X				X				
23	1732		X							X						X		
24	1733							Pcto		X						X		
25	1734		X							X				X				
26	1735						X				X					X		
27	1736						X						Mule	X				
28	1737						X						Mule			X		
29																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11 PM	DATE: 1-17-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1452						X			X						X		
2	1453						X			X						X		
3	1454							PAL		X				X				
4	1455		X							X						X		
5	1456							PAL		X				X				
6	1457						X			X				X				
7	1458						X			X				X				
8	1459		X							X				X				
9	1460						X			X				X				
10	1461							PAL		X				X				
11	1462					X				X				X				
12	1463		X							X						X		
13	1464		X							X						X		
14	1465		X							X				X				
15	1466						X			X						X		

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Sheath	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1467						X			X						X		
17	1468				X					X						X		
18	1469		X							X				X				
19	1470					X				X					X			
20	1471						X			X				X				
21	1472									X						X		
22	1473						X			X				X				
23	1474		X							X				X				
24	1475						X			X				X				
25	1476		X							X						X		
26	1477					X				X						X		
27	1478		X							X				X				
28	1479		X							X				X				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

LO60620

TIME HORSES LOADED ON CONVEYANCE: 16:30

DATE: 1-18-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1511						X				X			X				
2	1513		X							X				X				
3	1514		X							X				X				
4	1515						X			X						X		
5	1517				X					X				X				
6	1518		X							X				X				
7	1520		X								X					X		
8	1521						X			X				X				
9	1522					X				X				X				
10	1523					X				X				X				
11	1524					X				X						X		
12	1526						X						HF			X		
13	1527						X						HF			X		
14	1528						X						HF			X		
15	1529		X										HF			X		

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

SIGNATU[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET) 1-18-11

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

1060420

(PALA-54988)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Brown	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1530						X			X						X		
17	1531						X			X						X		
18	1532							BGW		X						X		
19	1533					X				X				X				
20	1534					X				X						X		
21	1535					X				X				X				
22	1536				X					X						X		
23	1537						X			X						X		
24	1538		X							X						X		
25	1539						X			X						X		
26	1540		X							X						X		
27																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

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

T.060419

TIME HORSES LOADED ON CONVEYANCE: 1:00pm RA9642K

DATE: Jan 18/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	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	1479					X				X					X			
2	1480						X			X				X				
3	1481					X				X				X				
4	1482		X							X				X				OFF
5	1483						X			X						X		
6	1484				X					X				X				
7	1485					X				X						X		
8	1486					X				X						X		
9	1487		X										Ng	X				
10	1488					X				X				X				
11	1489		X										Ng			X		
12	1490		X							X				X				
13	1491				X					X				X				
14	1492				X					X				X				
15	1493		X							X				X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM [illegible] 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 Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1494		X							X				X				
17	1495					X				X				X				
18	1496						X			X				X				
19	1497						X			X				X				
20	1498		X							X				X				
21	1499			X						X				X				
22	1500		X							X				X				
23	1501		X							X				X				
24	1502		X							X				X				
25	1503		X							X				X				
26	1504		X							X				X				
27	1505		X							X				X				
28	1506						X			X						X		
29	1508						X			X						X		
30	1509		X							X				X				
31	1510		X							X				X				
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(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

L050421

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [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.

USFP

	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	1436						X			X					X			
2	1437					X				X					X			
3	1432		X							X				X				
4	1532				X					X				X				
5	1536		X							X						X		
6	1519		X							X						X		
7	1541		X							X				X				
8	1542		X							X				X				
9	1543				X					X				X				
10	1544				X					X						X		
11	1545						X			X						X		
12	1546				X					X				X				
13	1547						X			X				X				
14	1548						X			X				X				
15	1549						X			X				X				

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

SIGNATUR[redacted]

(b)(6)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

20060421

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Fldb	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1550						X			X				X				
17	1551		X							X				X				
18	1552						X			X						X		
19	1553				X					X				X				
20	1554		X							X				X				
21	1555							RR		X				X				
22	1556		X							X				X				
23	1557		X							X				X				
24	1558		X						X					X				
25	1559		X						X					X				
26	1560		X						X							X		
27	1561				X					X						X		
28	1562						X			X						X		
29																		
30																		
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32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L066423

TIME HORSES LOADED ON CONVEYANCE: 9:00 pm

DATE: 1-25-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

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

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1607			X						X				X				
2	1608		X							X						X		
3	1609		X							X				X				
4	1610				X					X				X				
5	1611							Dun		X				X				
6	1612							Sor		X						X		
7	1613							Sor		X				X				
8	1614		X							X				X				
9	1615					X				X						X		
10	1616		X							X						X		
11	1617		X							X				X				
12	1618		X							X				X				
13	1619							Dun		X				X				
14	1620							Sor		X				X				
15	1621					X				X						X		

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

SIG (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1622			X						X						X		
17	1623		X							X						X		
18	1624							Sor		X				X				
19	1625							Sor		X				X				
20	1626							Sor		X				X				
21	1627					X				X						X		
22	1628							Sor		X				X				
23	1629		X							X						X		
24	1574		X							X						X		
25	1575							Sor		X				X				
26	1576							Sor		X				X				
27	1577							Sor		X				X				
28	1578							Sor		X				X				
29	1579							Sor		X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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
L060422

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 1-23-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

(b)(6)

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

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

USDA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	1563		X							X						X		
2	1564		X							X						X		
3	1565						X			X						X		
4	1566		X							X						X		
5	1567		X							X				X				
6	1568						X			X				X				
7	1569		X							X				X				
8	1570		X							X						X		
9	1571		X							X				X				
10	1572		X							X				X				
11	1573		X							X				X				
12	1581		X							X						X		
13	1582						X			X				X				
14	1584						X			X						X		
15	1587						X			X				X				

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

SIGNATURE [redacted]

(b)(6)

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

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

[redacted]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1591		X							QH					X			
17	1592						X			QH				X				
18	1595				X					QH				X				
19	1596						X			QH				X				
20	1597				X					QH				X				
21	1598						X			QH				X				
22	1599						X			QH						X		
23	1600		X							QH						X		
24	1601							Pto		QH				X				
25	1602		X							QH				X				
26	1603						X			QH				X				
27	1604						X				X					X		OFF
28	1605						X			QH						X		
29	1606		X							QH						X		
30																		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

0060425

TIME HORSES LOADED ON CONVEYANCE: 9:00am RA9642K

DATE: Jan 25/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1656					X				X						X		
2	1661						X						Mule	X				
3	1662						X						Mule	X				
4	1663						X						Mule			X		
5	1664						X			X				X				
6	1665						X						Mule	X				
7	1666						X			X						X		
8	1667					X				X						X		
9	1668						X				X					X		OFF
10	1669		X							X				X				
11	1670		X							X				X				
12	1671		X							X				X				
13	1672		X							X					X			
14	1673		X							X				X				
15	1674		X							X				X				

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

SIGNATURE [redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

9:00am Jan 25

(Placed behind last line in table)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: Bay	Grey	Blk.	Pinto	Cream	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1675		X										Mule			X		
17	1676						X			X						X		
18	1677		X							X				X				
19	1678							Pal		X						X		
20	1679				X					X				X				
21	1680						X			X						X		
22	1681		X							X				X				
23	1682		X							X				X				
24	1683						X			X						X		
25	1684						X			X						X		
26	1685		X							X						X		
27	1686		X							X				X				
28	1687				X					X				X				
29	1688						X			X				X				
30	1689		X							X				X				
31																		
32																		OFF
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER [redacted] (b)(6) contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

T060424

TIME HORSES LOADED ON CONVEYANCE: 9:00 pm	DATE: 1-25-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	1583		X							X				X				
2	1585						X			X				X				
3	1588		X							X				X				
4	1589		X							X				X				
5	1590						X			X				X				
6	1593					X				X				X				
7	1594				X					X				X				
8	1630					X				X					X			
9	1631					X				X						X		
10	1632		X							X						X		
11	1633						X			X				X				
12	1634					X				X						X		
13	1635						X			X						X		
14	1636						X						H.F.			X		
15	1637						X			X				X				

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

SIG [redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1638						X				X			X				
17	1639						X			X						X		
18	1640						X			X				X				
19	1641							AP L		X						X		
20	1642						X			X				X				
21	1643							Dun		X						X		
22	1644		X							X				X				
23	1645				X					X						X		
24	1646						X			X						X		
25	1647		X							X						X		
26	1648						X			X				X				
27	1649				X					X				X				
28	1654						X			X						X		
29																		
30																		
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32																		
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SIGNA [redacted] (b)(6) [redacted] at the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160
L060425

TIME HORSES LOADED ON CONVEYANCE: 8 AM	DATE: 1-27-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1507		X							X					X			
2	1535						X						Pf			X	off	
3	1586						X			X						X		
4	1650		X							X				X				
5	1651						X			X				X				
6	1652							Pt L		X						X		
7	1653		X							X				X				
8	1655							Pt L		X				X				
9	1657							Pt L		X				X				
10	1658					X				X				X				
11	1659					X				X				X				
12	1690					X				X						X		
13	1691				X								Mule			X		
14	1692		X							X						X		
15	1693		X							X				X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1694					X				X				X				
17	1695		X							X						X		
18	1696		X							X				X				
19	1697					X				X				X				
20	1698							BL FOOT		X				X				
21	1699		X							X				X				
22	1700		X							X				X				
23	1701		X						X					X				
24	1702							HR		X						X		
25	1703						X			X						X		
26	1704					X				X						X		
27	1705		X							X				X				
28	1706			X						X				X				
29	1707		X							X						X		
30																		
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SIGN [redacted] al the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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39

FORM APPROVED
OMB NO. 0579-0160

C060445

TIME HORSES LOADED ON CONVEYANCE: 8:00PM	DATE: 2-27-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2218		X							X				X				
2	2221						X				X			X				
3	2229				X					X				X				
4	2230					X				X						X		
5	2231		X							X				X				
6	2232						X			X				X				OFF
7	2233						X						Mare			X		
8	2235					X				X				X				
9	2236		X							X						X		
10	2237		X						X							X		
11	2238		X						X					X				
12	2239		X							X						X		
13	2240		X							X				X				
14	2241		X							X						X		
15	2242		X							X						X		

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

SIGNAT[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Cherin	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	2243		X							X				X				
17	2244				X					X				X				
18	2257				X					X					X			
19	2275						X			X				X				
20	2276					X				X						X		
21	2277						X			X				X				
22	2278							AL		X						X		
23	2279		X							X				X				
24	2280		X							X				X				
25	2281		X							X				X				
26	2282						X			X				X				
27	2283						X			X				X				
28	2284		X										MULE	X				
29																		OLF
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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)

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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38

FORM APPROVED
OMB NO. 0579-0160

6060445

TIME HORSES LOADED ON CONVEYANCE: 10:Am	DATE: 2-2 V-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	2187							APL		X				X				
2	2188						X			X				X				
3	2189							APL		X				X				
4	2190		X							X						X		
5	2193		X							X				X				
6	2194							APL		X				X				
7	2195		X							X						X		
8	2197							APL		X				X				
9	2198					X				X				X				
10	2199		X							X						X		
11	2200		X							X						X		
12	2201		X							X				X				
13	2202							APL		X						X		
14	2203						X			X				X				
15	2204			X						X				X				

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

SIGNA [redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
10:AM (CONTINUATION SHEET) 2-2

(Please type or print in ink)

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38

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2205						X			X				X				
17	2206						X			X				X				
18	2207					X				X				X				
19	2211			X							X			X				
20	2214		X							X				X				
21	2216		X						X							X		
22	2217		X						X					X				
23	2219						X			X				X				
24	2222						X						MIC			X		
25	2225		X							X				X				
26	2226		X							X				X				
27	2227				X					X				X				
28	2228							MIL		X						X		
29																		
30																		
31																		
32																		
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2 of 2

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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38

FORM APPROVED
OMB NO. 0579-0160

L060445

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM	DATE: 2-24-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ CR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2187							APL		X				X				
2	2188						X			X				X				
3	2189							APL		X				X				
4	2190		X							X						X		
5	2193		X							X				X				
6	2194							APL		X				X				
7	2195		X							X						X		
8	2197							APL		X				X				
9	2198					X				X				X				
10	2199		X							X						X		
11	2200		X							X						X		
12	2201		X							X				X				
13	2202							B SKIN		X						X		
14	2203						X			X				X				
15	2204			X						X				X				

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

SIGNAT[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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38

FORM APPROVED OMB NO. 0579-0160

L060445

JSFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2205						X			X				X				
17	2206						X			X				X				
18	2207					X				X				X				
19	2211			X							X			X				
20	2214		X							X				X				
21	2216		X						X							X		
22	2217		X						X					X				
23	2219						X			X				X				
24	2222						X						Mule			X		
25	2225		X							X				X				
26	2226		X							X				X				
27	2227				X					X				X				
28	2228							Apl		X						X		
29																		
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2 of 2

SI [redacted] ined in this form is true and correct to the best of my knowledge.)

(b)(6)

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
5060429

TIME HORSES LOADED ON CONVEYANCE: 8:30am BA96.42K

DATE: Feb 1/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.
- [X] Horses are able to walk unassisted.

USEP

	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	1525						X			X						X		
2	1604						X				X					X		
3	1749					X				X						X		
4	1765		X							X				X				
5	1766						X			X						X		
6	1767							PPL		X				X				
7	1768						X				X					X		
8	1769						X				X					X		
9	1770				X					X						X		
10	1771						X			X						X		
11	1772		X										SN			X		
12	1773		X										SN	X				
13	1774		X										SN			X		
14	1775					X				X				X				
15	1776				X								SN	X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1777				X								SN			X		
17	1778		X							X				X				
18	1779		X										SN			X		
19	1780		X							X						X		
20	1781						X			X				X				
21	1782							PAL		X				X				
22	1784				X								SN			X		
23	1785				X								CB			X		
24	1786		X										SN	X				
25	1787		X										SN			X		
26	1788		X										SN			X		
27	1789		X										SN	X				
28	1790		X										SN			X		
29	1791		X										SN	X				
30																		
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2 of 2

SIGNA[redacted]fion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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 L060428

TIME HORSES LOADED ON CONVEYANCE: 11.00 AM	DATE: 2-1-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	1709			X						X						X		
2	1710			X						X						X		
3	1738						X				X			X				
4	1739		X							X						X		
5	1740		X							X						X		
6	1741							PAL		X				X				
7	1742			X						X						X		
8	1743		X							X				X				
9	1744						X			X				X				
10	1745		X							X						X	off	
11	1746						X			X				X				
12	1748		X										PN			X		
13	1749		X										PB	X				
14	1750						X			X						X		
15	1751		X							X						X		

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1752						X				X					X		
17	1753		X										SN			X		
18	1754						X			X						X		
19	1755		X										HF			X		
20	1756		X										SN	X				
21	1757		X										SN			X		
22	1758		X										SN	X				
23	1759		X										SN	X				
24	1760		X										SN			X		
25	1761		X										SN	X				
26	1762						X						LB	X				
27	1763						X			X						X		
28	1764		X										SN			X		
29																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATIO OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 C IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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)

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
20060430

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 2-3-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

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

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

Rotz's Livestock, Bruce

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	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	1795		X							X						X		
2	1792			X							X					X		
3	1793							AP		X						X		
4	1794						X			X						X		
5	1795			X						X						X		
6	1796					X				X						X		
7	1797						X			X				X				
8	1798				X					X				X				
9	1799					X				X				X				
10	1800						X						H F	X				
11	1801						X			X				X				
12	1802						X						H F	X				
13	1803		X							X				X				
14	1804							R Roan		X						X		
15	1805				X					X				X				

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

SIGNATURE: [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

8:00 AM 2-3-11

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sheath	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1806						X									X		
17	1807						X			X				X				
18	1808						X			X				X				
19	1809		X							X				X				
20	1810					X				X						X		
21	1811					X				X				X				
22	1812					X				X				X				
23	1813		X							X						X		
24	1814					X				X						X		
25	1815		X							X						X		
26	1816		X											X				
27	1817		X							X						X		
28	1818		X							X						X		
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SIGNATURE [redacted] (the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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25

FORM APPROVED OMB NO. 0579-0160

L060432

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM	DATE: 2-7-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1833						X						SB		X			
2	1839							Roan		X				X				
3	1845			X						X				X				
4	1846							HPL		X				X				
5	1851		X							X				X				
6	1852						X						Roan	X				
7	1853						X						Roan	X				
8	1854						X			X						X		
9	1855		X							X						X		
10	1856				X					X						X		OFF
11	1857		X							X						X		
12	1858		X							X						X		
13	1859		X							X				X				
14	1860		X							X				X				
15	1861		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Sheln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1862		X											X				
17	1863				X											X		
18	1864					X								X				
19	1865		X													X		
20	1866						X							X				
21	1867		X											X				
22	1868				X									X				
23	1869				X											X		
24	1870						X							X				
25	1871				X									X				
26	1872						X									X		
27	1873		X													X		
28	1874		X													X		
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SIGNAT[redacted]ion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L060433

TIME HORSES LOADED ON CONVEYANCE: 8:00am RA9642K

DATE: Feb 8/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1875		X						X							X		
2	1876		X						X					X				
3	1877		X						X					X				
4	1878		X						X					X				
5	1879		X							X						X		
6	1880		X							X						X		
7	1881		X							X				X				
8	1882		X							X						X		
9	1883		X						X							X		
10	1884		X							X						X		
11	1885		X							X				X				
12	1886						X			X				X				
13	1887						X			X				X				
14	1888		X							X						X		
15	1889		X										Mu	X				

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

SIGNA[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

8:00am

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

L-60433

	TAG PREFIX	TAG NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1890		X							X				X				
17	1891					X				X					X			
18	1892					X				X				X				
19	1893		X						X					X				
20	1894						X			X				X				
21	1895					X				X						X		
22	1896						X			X						X		
23	1897		X							X						X		
24	1898							PAL		X						X		
25	1899		X							X						X		
26	1900						X			X				X				
27	1901							PAL		X						X		
28	1902						X			X				X				
29	1903					X				X				X				
30	1904							Dsw								X		
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SIG[redacted] mation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

0060431

TIME HORSES LOADED ON CONVEYANCE: 5:00PM	DATE: 2-8-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1819				X					X						X		
2	1820				X					X				X				
3	1821						X			X						X		
4	1822						X			X						X		
5	1823						X			X				X				
6	1824						X			X				X				
7	1825							AP L		X					X			
8	1826							AP L		X				X				
9	1827						X						C B			X		
10	1828						X			X				X				
11	1829							AP L		X				X				
12	1830				X					X						X		
13	1831				X					X				X				
14	1832				X					X				X				
15	1834						X			X				X				

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

SIG [redacted]

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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26

FORM APPROVED OMB NO. 0579-0160

5060431

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1835						X			X				X				
17	1836							Dun		X				X				
18	1837		X							X				X				
19	1838							Roan		X				X				
20	1840						X			X				X				
21	1841		X							X				X				
22	1842							Dun		X				X				
23	1843						X			X						X		
24	1844					X				X						X		
25	1847						X			X						X		
26	1848		X							X				X				
27	1849					X				X						X		
28	1850		X						X							X		
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SIGNA[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L060434

TIME HORSES LOADED ON CONVEYANCE: 2:00 PM	DATE: 2/5/11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	1856				X					X						X		
2	1905						X			X				X				
3	1906							R Roan	X							X		
4	1907		X						X					X				
5	1908						X		X					X				
6	1909					X				X						X		
7	1910						X			X				X				
8	1911						X			X						X		
9	1912		X							X				X				
10	1913							CR Sam		X						X		
11	1914		X							X				X				
12	1915							Ap L		X						X		
13	1916					X				X				X				
14	1917							Ap L		X				X				
15	1918					X				X						X		

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FOR [redacted] evious 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
L060434

JSFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cremo	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1919		X							X				X				
17	1920		X							X				X				
18	1921							PAL		X				X				
19	1922				X					X				X				
20	1923		X										SN			X		
21	1924		X										SN			X		
22	1925		X										SN			X		
23	1926						X						SB			X		
24	1927		X										SN	X				
25	1928		X							X				X				
26	1929		X							X				X				
27	1930						X			X						X		
28	1939		X							X					X			
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2 of 2

SIGNATURE O[redacted] orm is true and correct to the best of my knowledge.)

(b)(6)

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

L060434

TIME HORSES LOADED ON CONVEYANCE: 8:00 Am

DATE: 2-10-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

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

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	1856				X					X						X		
2	1905						X			X				X				
3	1906							R. Roan	X							X		
4	1907		X						X					X				
5	1908						X		X					X				
6	1909					X				X						X		
7	1910						X			X				X				
8	1911						X			X						X		
9	1912		X							X				X				
10	1913							CR Sorr		X						X		
11	1914		X							X				X				
12	1915							Ap L		X						X		
13	1916					X				X				X				
14	1917							Ap L		X				X				
15	1918					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 (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1919		X							X				X				
17	1920		X							X				X				
18	1921							PAL		X				X				
19	1922				X					X				X				
20	1923		X										SN			X		
21	1924		X										SN			X		
22	1925		X										SN			X		
23	1926						X						SB			X		
24	1927		X										SN	X				
25	1928		X							X				X				
26	1929		X							X				X				
27	1930						X			X						X		
28	1939		X							X					X			
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SIGNATURE [redacted] ained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

1,050435

TIME HORSES LOADED ON CONVEYANCE: 4:30 AM

DATE: 2-12-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	1931		X							X						X		
2	1932							PAL		X						X		
3	1933		X							X						X		
4	1934						X						SN	X				
5	1935				X								SN			X		
6	1936		X							X						X		
7	1937		X							X						X		
8	1938		X							X						X		
9	1940						X				X			X				
10	1941					X				X				X				
11	1942		X										SN	X				
12	1943					X				X				X				
13	1944						X						MULE			X		
14	1945							BSKN		X						X		
15	1946						X						MULE	X				

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

SIG[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
4-30 (CONTINUATION SHEET) 2-1-21

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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 (AF 2909 FA)	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Cremo	Other	BREED/TYPE: TB	QT (P19)	Draft	Poor	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1947					X				QH				X				
17	1948					X				QH				X				
18	1949		X							QH				X				OFC
19	1950						X			QH				X				
20	1951		X							QH				X				
21	1952					X				QH				X				
22	1953						X			QH				X				
23	1954		X							QH						X		
24	1955		X										Mare			X		
25	1956		X							QH						X		
26	1957		X							QH						X		
27	1958						X			QH						X		
28	1959				X					QH				X				
29	1996					X				QH					X			
30																		
31																		
32																		
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SIGNAT [redacted] mation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

D050438

TIME HORSES LOADED ON CONVEYANCE: 8:30 A.M	DATE: 15-02-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	2007							APL		X				X				
2	2008							APL		X				X				
3	2009							APL		X				X				
4	2038		X						X							X		
5	2041						X						OB	X				
6	2044						X			X				X				
7	2045						X			X				X				
8	2046						X			X				X				
9	2047						X			X				X				
10	2048			X						X				X				
11	2049		X							X						X		
12	2050		X							X						X		
13	2051							APL		X				X				
14	2052							APL		X				X				
15	2053							RED ROAN		X				X				

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

SIGNATURE

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

s editions are obsolete

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Cream	Other	BREED/TYPE TB	QT	Draft	Poney	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	2054						X			X				X				
17	2055						X			X				X				
18	2056						X			X				X				
19	2057			X						X				X				
20	2058		X							X				X				
21	2059							R RANE		X				X				
22	2060		X							X				X				
23	2061				X					X				X				
24	2062							AP L		X				X				
25	2063							PA L		X				X				
26	2064						X			X				X				
27	2065						X			X				X				
28	2066		X							X						X		
29	2067							PA L		X						X		
30	2074		X							X						X		
31																		
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SIGNAT[redacted] ained in this form is true and correct to the best of my knowledge.)

(b)(6)

#30

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

L060436

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 2-13-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1962				X					X				X				
2	1961						X			X						X		
3	1962				X					X				X				
4	1963		X							X				X				
5	1969		X						X							X		
6	1965						X		X					X				
7	1966				X					X						X		
8	1967		X							X				X				
9	1968						X						SB			X		
10	1969		X							X				X				
11	1970		X							X				X				
12	1971					X				X						X		
13	1966						X			X				X				
14	1987						X			X				X				
15	1988		X							X						X		

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

8:00 PM 2-13-11

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

0060436

1580 AF 7829 9A Pig Farm Plante

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Sheetn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1989				X					X				X				
17	1990			X						X				X				
18	1991		X							X						X		
19	1992					X				X				X				
20	1993					X				X				X				
21	1994						X			X						X		
22	1995						X			X				X				
23	1998						X			X				X				
24	1999		X							X					X			
25	2000		X							X				X				
26	2001						X			X						X		
27	2002		X							X				X				
28	2005						X						Hf			X		
29																		
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2 of 2

[redacted] ion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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: 7:30 AM	DATE: 2-15-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	1972		X							X				X				
2	1973		X							X				X				
3	1974		X							X				X				
4	1975		X							X						X		
5	1976						X			X				X				
6	1977						X			X				X				
7	1978			X						X				X				
8	1979		X							X				X				
9	1980					X				X				X				
10	1981		X							X						X		
11	1982					X				X						X		
12	1983		X							X						X		
13	1984					X				X				X				
14	1985		X							X				X				
15	1986		X							X					X			

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

SIGNATURE [redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

7-22 2-15-11

(Please type or print in ink)

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

31

FORM APPROVED OMB NO. 0579-0160

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn.	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	2014						X			X				X				
17	2015						X			X				X				
18	2017		X						X					X				
19	2018						X		X					X				
20	2019		X							X				X				
21	2020							APL		X						X		
22	2021		X						X					X				
23	2022						X			X				X				
24	2024		X						X							X		
25	2025		X						X					X				
26	2026		X						X					X				
27	2029		X						X							X		
28	2034						X			X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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.

31

FORM APPROVED
OMB NO. 0579-0160

L060437

TIME HORSES LOADED ON CONVEYANCE: 7:30 AM	DATE: 2-15-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	1972		X							X				X				
2	1973		X							X				X				
3	1974		X							X				X				
4	1975		X							X						X		
5	1976						X			X				X				
6	1977						X			X				X				
7	1978			X						X				X				
8	1979		X							X				X				
9	1980					X				X				X				
10	1981		X							X						X		
11	1982					X				X						X		
12	1983		X							X						X		
13	1984					X				X				X				
14	1985		X							X				X				
15	1997		X							X					X			

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

31

FORM APPROVED OMB NO. 0579-0160

L 060437

USFq	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOB	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2014						X			X				X				
17	2015						X			X				X				
18	2017		X						X					X				
19	2018						X		X					X				
20	2019		X							X				X				
21	2020							APL		X						X		
22	2021		X						X					X				
23	2022						X			X				X				
24	2024		X						X							X		
25	2025		X						X					X				
26	2026		X						X					X				
27	2029		X						X							X		
28	2034						X			X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L060437

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	1972		X							X				X				
2	1973		X							X				X				
3	1974		X							X				X				
4	1975		X							X						X		
5	1976						X			X				X				
6	1977						X			X				X				
7	1978			X						X				X				
8	1979		X							X				X				
9	1980					X				X				X				
10	1981		X							X						X		
11	1982					X				X						X		
12	1983		X							X						X		
13	1984					X				X				X				
14	1985		X							X				X				
15	1997		X							X					X			

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

SIGNATURE [redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 [redacted] itions 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

L 060437

USFq	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2014						X			X				X				
17	2015						X			X				X				
18	2017		X						X					X				
19	2018						X		X					X				
20	2019		X							X				X				
21	2020							AP2		X						X		
22	2021		X						X					X				
23	2022						X			X				X				
24	2024		X						X							X		
25	2025		X						X					X				
26	2026		X						X					X				
27	2029		X						X							X		
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I HEREBY AUTHORIZE THE CRA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CRA TO THE USDA. FALSIFICATIO OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 C IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNA [redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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.

34

FORM APPROVED OMB NO. 0579-0160

T060440

TIME HORSES LOADED ON CONVEYANCE: 9:00 PM	DATE: 2-16-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3010							Ap		X					X			
2	2041		X						X					X		X		
3	2072			X					X					X				
4	2073		X						X					X				
5	2094						X		X					X				
6	2095		X						X					X				
7	2096		X						X					X				
8	2097						X		X					X				
9	2098						X		X					X				
10	2099							Ap		X						X		
11	2100						X		X							X		
12	2101		X						X					X				
13	2102		X						X					X				
14	2103						X		X					X				
15	2104				X				X							X		

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

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO (b)(6)

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)

9:00 PM (Please type or print in ink) 2-16-11

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2105		X						X					X				
17	2106		X						X					X				
18	2107						X			X						X		
19	2108					X				X						X		
20	2109								X					X				
21	2110								X					X				
22	2111									X						X		
23	2112		X						X					X				
24	2113		X						X					X				
25	2114		X						X					X				
26	2115		X						X					X				
27	2116		X						X					X				
28	2117		X						X							X		
29																		
30																		
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32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L050441

TIME HORSES LOADED ON CONVEYANCE: 10:00 PM	DATE: 2-20-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	2130		X							X						X		
2	2131				X					X				X				
3	2132							PAL		X				X				
4	2133						X			X				X				
5	2136		X							X				X				
6	2137						X			X						X		
7	2138						X			X				X				
8	2139						X			X						X		
9	2140						X			X						X		
10	2141						X			X						X		
11	2143						X			X						X		
12	2145						X			X				X				
13	2149					X				X						X		
14	2150				X					X						X		ok
15	2151		X							X				X				

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

SIGNA [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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FORM APPROVED OMB NO. 0579-0160

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

10 00 2-20-11

(Please type or print in ink)

USPQ

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Cheek	Other	BREED/TYPE: TB	QT	Draft	Poor	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	2152				X					X				X				
17	2155						X			X				X				
18	2156			X						X						X		
19	2157						X				X					X		
20	2158						X			X				X				
21	2159		X							X				X				
22	2160							APL		X				X				
23	2161							APL		X				X				
24	2162						X			X				X				
25	2163					X				X						X		
26	2164							PAL		X				X				
27	2166		X							X					X			
28	2167				X					X					X			
29																		
30																		
31																		
32																		
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2 of 2

S[redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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37

FORM APPROVED OMB NO. 0579-0160

L060443

TIME HORSES LOADED ON CONVEYANCE: 8H30 Am

DATE: 22-02-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2003		X							X					~~X~~	X		
2	2004						X						Hp	X				
3	2125				X					X						X		
4	2126					X				X				X				
5	2147		X							X						X		
6	2165				X					X				X				
7	2168						X						Mule			X		
8	2169		X										SN			X		
9	2170						X				X					X		
10	2171						X			X				X				
11	2172							PAL		X						X		
12	2173							PAL		X						X		
13	2174		X										SN			X		
14	2175						X			X				X				
15	2176		X							X						X		

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

SIGN[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2177		X										SN			X		
17	2178							AN		X				X				
18	2179		X							X						X		
19	2180		X							X				X				
20	2181					X				X				X				
21	2182				X					X				X				
22	2183		X							X						X		
23	2184		X							X				X		X		
24	2185					X				X						X		
25	2186							AR		X				X				
26	2191					X				X				X				
27	2192					X				X						X		
28	2208						X						SB			X		
29	2209					X				X				X				
30	2210					X				X				X				
31																		
32																		
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

T.050444

TIME HORSES LOADED ON CONVEYANCE: 8:30am RA9692K DATE: Feb 22/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3049		X							X				X				
2	3018				X					X				X				
3	3031						X			X						X		
4	3033						X			X						X		
5	3042						X				X					X		
6	3069					X				X				X				
7	3070						X			X						X		
8	3071			X						X						X		
9	3073			X						X						X		
10	3118		X							X						X		
11	3119						X			X				X				
12	3130						X			X				X				
13	3131		X							X				X				
14	3132				X					X				X				
15	3133						X			X				X				

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

SIGNATURE [redacted]

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2124					X				X						X		
17	2127		X							X						X		
18	2128						X			X				X				
19	2129				X					X						X		
20	2134					X				X						X		
21	2135						X			X				X				
22	2142		X							X				X				
23	2144						X			X				X				
24	2146				X					X				X				
25	2148		X							X				X				
26	2154		X							X				X				
27	2153						X			X				X				
28	2152						X			X						X		
29	2153		X							X						X		
30	2196				X					X				X				
31	2006							Appa		X					X			
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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52

FORM APPROVED
OMB NO. 0579-0160

0043014

TIME HORSES LOADED ON CONVEYANCE: 8:00 Am	DATE: 03-22-11
[redacted]	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2628					X				X						X		
2	2629						X			X						X		
3	2630						X			X				X				
4	2631						X			X				X				
5	2632						X			X				X				
6	2633						X			X				X				
7	2634		X							X				X				
8	2635			X						X				X				
9	2636		X						X					X				
10	2637						X			X				X				
11	2638		X							X				X				
12	2639						X			X				X				
13	2640						X			X						X		
14	2641		X							X						X		
15	2642					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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

8 ea 03-20-11

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR/DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2633			X					X					X				
17	2634						X		X							X		
18	2635		X							X				X				
19	2636							Roan		X				X				
20	2637						X			X				X				
21	2638		X							X				X				
22	2639		X						X					X				
23	2640		X										SN			X		
24	2641						X				X			X				
25	2642							PAL		X						X		
26	2643		X							X						X		
27	2644		X										SN	X				
28	2645		X										SN			X		
29	2646		X							X				X				
30	2647		X						X					X				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIG [redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 PM	DATE: 3-20-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) redacted	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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.

USFP

	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	2559						X			X				X				
2	2570						X			X				X				
3	2532		X							X				X				
4	2562					X				X						X		
5	2563							HPL	X					X				
6	2565						X			X				X				
7	2566		X							X				X				
8	2569		X							X				X				
9	2573						X			X						X		
10	2576		X							X					X			
11	2577						X		X							X		
12	2578		X						X							X		
13	2579		X						X							X		
14	2580		X						X					X				
15	2581		X						X							X		

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

SIGN (b)(6) redacted

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

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

(b)(6) redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

8.00 3-30-11

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2582		X						X					X				
17	2583						X		X							X		
18	2584		X						X							X		
19	2585		X						X					X				
20	2586		X						X					X				
21	2587					X				X				X				
22	2588		X						X					X				
23	2589					X				X				X				
24	2590		X						X							X		
25	2591		X						X							X		
26	2592							RW		X				X				
27	2593						X						CB	X				
28	2594						X						CB			X		
29																		
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SIG[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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48
FORM APPROVED
OMB NO. 0579-0160
L043010

TIME HORSES LOADED ON CONVEYANCE: 8:00am RH6642K
DATE: March 15/11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.
STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257
CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691
AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	2497						X			X				X				
2	2498				X					X				X				
3	2500							Ap L		X				X				
4	2501						X			X						X		
5	2502						X			X						X		
6	2503					X				X				X				
7	2504		X							X						X		
8	2505				X					X						X		
9	2506						X			X				X				
10	2507		X							X				X				
11	2508		X							X				X				
12	2509		X							X				X				
13	2510		X							X				X				
14	2511		X							X						X		
15	2512							Ap L		X				X				

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

SIGNATURE [redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

PART 1 - INSPECTOR

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

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

8:00a March 15

(Please type or print in ink)

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

48

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Poney	Other	Mare	Stal	Geld		
16	2513							APL		X						X		
17	2514							APL		X						X		
18	2515		X							X				X				
19	2516							APL		X				X				
20	2517		X							X				X				
21	2518					X				X				X				
22	2519						X			X						X		
23	2520		X										SN	X				
24	2521						X		X							X		
25	2522						X		X							X		
26	2523		X				X							X				
27	2524		X				X							X				
28	2525							APL		X				X				
29	2526							APL		X				X				
30	2527							APL		X						X		
31																		
32																		
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2 of 2

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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49

FORM APPROVED OMB NO. 0579-0160

L043011

TIME HORSES LOADED ON CONVEYANCE: 7:00 AM

DATE: 3-15-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

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

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheetn~~ SOR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2534						X			X					X			
2	2535					X				X				X				
3	2536		X							X						X		
4	2537		X							X				X				
5	2538		X							X				X				
6	2539		X							X				X				
7	2540							APL		X				X				
8	2541					X							CB			X		
9	2542						X			X				X				
10	2543			X									MULE	X				
11	2544						X						MULE	X				
12	2545				X								MULE	X				
13	2546		X							X						X		
14	2547		X							X				X				
15	2548		X							X						X		

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

SIGNATU[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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49

FORM APPROVED OMB NO. 0579-0160

L043011

USFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	~~Roan~~ SL	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2549						X				X					X		
17	2550			X						X				X				
18	2551					X				X						X		
19	2552		X							X						X		
20	2553						X			X				X				
21	2554		X						X							X		
22	2555							PAL		X				X				
23	2556		X							X				X				
24	2557		X							X				X				
25	2558		X							X						X		
26	2559		X							X				X				
27	2560							DN		X						X		
28	2561					X				X						X		
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2 of 2

(b)(6) I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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49

FORM APPROVED
OMB NO. 0579-0160

0043011

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am	DATE: 3-15-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2534						X			X					X			
2	2535					X				X				X				
3	2536		X							X						X		
4	2537		X							X				X				
5	2538		X							X				X				
6	2539		X							X				X				
7	2540							Appl		X				X				
8	2541					X							DB			X		
9	2542						X			X				X				
10	2543			X									Mule	X				
11	2544						X						Mule	X				
12	2545				X								Mule	X				
13	2546		X							X						X		
14	2547		X							X				X				
15	2548		X							X						X		

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

7:00 PM (Please type or print in ink) 3-15-11

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: Bay	Grey	Blk.	Pinto	Chestn.	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	2549						X				X					X		
17	2550			X						X				X				
18	2551					X				X						X		
19	2552		X							X						X		
20	2553						X			X				X				
21	2554		X						X							X		
22	2555							PAL		X				X				
23	2556		X							X				X				
24	2557		X							X				X				
25	2558		X							X						X		
26	2559		X							X				X				
27	2560							PW		X						X		
28	2561					X				X						X		
29																		
30																		
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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48
FORM APPROVED
OMB NO. 0579-0160

L043010

TIME HORSES LOADED ON CONVEYANCE: 8:00am RA9642K
DATE: March 15th
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Gleem~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2497						X			X				X				
2	2498				X					X				X				
3	2500							PAL		X				X				
4	2501						X			X						X		
5	2502						X			X						X		
6	2503					X				X				X				
7	2504		X							X						X		
8	2505				X					X						X		
9	2506						X			X				X				
10	2507		X							X				X				
11	2508		X							X				X				
12	2509		X							X				X				
13	2510		X							X				X				
14	2511		X							X						X		
15	2512							APL		X				X				

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

SIGNATURE

[redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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.

48

FORM APPROVED
OMB NO. 0579-0160

L043010

SFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	2513							APL		X						X		
17	2514							APL		X						X		
18	2515		X							X				X				
19	2516							APL		X				X				
20	2517		X							X				X				
21	2518					X				X				X				
22	2519						X			X						X		
23	2520		X										SN	X				
24	2521						X		X							X		
25	2522						X		X							X		
26	2523		X				X							X				
27	2524		X				X							X				
28	2525							APL		X				X				
29	2526							APL		X				X				
30	2527							APL		X						X		
31																		
32																		
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2 of 2

SIGN [redacted] formation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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47

FORM APPROVED OMB NO. 0579-0160

3043059

TIME HORSES LOADED ON CONVEYANCE: 7:00 AM	DATE: 9-13-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) redacted	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2469		X						X							X		
2	2470		X						X							X		
3	2471						X		X					X				
4	2472			X									CB	X				
5	2473		X						X					X				
6	2474		X						X							X		
7	2475		X						X							X		
8	2476						X		X					X				
9	2477							PAL	X					X				
10	2478		X						X							X		
11	2479		X						X							X		
12	2480						X		X					X				
13	2481		X						X							X		
14	2482							PAL	X					X				
15	2483						X		X					X				

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

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

(b)(6) redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
7.00 **(CONTINUATION SHEET)** 3-13-11
(Please type or print in ink)

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

47

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	2484						X			X				X				
17	2485							APL		X						X		
18	2486		X							X				X				
19	2487						X			X						X		
20	2488						X			X				X				
21	2489		X							X						X		
22	2490						X			X				X				
23	2491				X					X				X				
24	2492					X				X				X				
25	2493		X							X				X				
26	2494						X			X				X				
27	2495				X					X				X				
28	2496		X							X				X				
29																		
30																		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am

DATE: 3-10-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

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

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2366							APL		X				X				
2	2378						X			X				X				
3	2362		X							X						X		
4	2406						X			X				X				
5	2410				X					X				X				
6	2413		X							X						X		
7	2433		X										SN	X				
8	2450						X		X					X				
9	2451							APL		X						X		
10	2415		X						X					X				
11	2452					X				X				X				
12	2453			X						X				X				
13	2459						X			X				X				
14	2455							SN		X				X				
15	2456						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 OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

7-30 A 3-10 A

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2457						X			X				X				
17	2458						X			X						X		
18	2459		X							X				X				
19	2460		X							X				X				
20	2461		X							X					X			
21	2462						X			X						X		
22	2463				X						X			X				
23	2464		X										PN			X		
24	2465					X				X				X				
25	2466		X										PN	X				
26	2467			X					X					X				
27	2468						X			X					X			
28																		
29																		
30																		
31																		
32																		
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[redacted] mation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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44

FORM APPROVED OMB NO. 0579-0160

L043006

TIME HORSES LOADED ON CONVEYANCE: 2:30pm RAR642K

DATE: March 9/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] 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.
- [x] Horses are able to walk unassisted.

USFP

	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	2356			X						X						X		
2	2357						X			X				X				
3	2358					X				X						X		
4	2359						X			X						X		
5	2360						X			X				X				
6	2361					X				X						X		
7	2362						X			X				X				
8	2363		X							X				X				
9	2364					X				X						X		
10	2365		X							X				X				
11	2366					X				X						X		
12	2367						X						HF			X		
13	2369		X							X				X				
14	2400		X							X				X				
15	2401						X			X				X				

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

SI [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2403						X			X						X		
17	2404		X							X						X		
18	2405						X			X				X				
19	2407		X							X				X				
20	2408		X								X			X				
21	2409		X							X				X				
22	2411		X							X						X		
23	2412						X						SB			X		
24	2414						X						SB	X				
25	2415		X										SB			X		
26	2416		X							X				X				
27	2417		X										SN	X				
28	2418		X										SN			X		
29	2419		X						X					X				
30	2420		X										SN	X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

44

FORM APPROVED OMB NO. 0579-0160

L043006

TIME HORSES LOADED ON CONVEYANCE: 2:30pm RA1642K

DATE: March 9/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Ch	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2386			X						X						X		
2	2387						X			X				X				
3	2388					X				X						X		
4	2389						X			X						X		
5	2390						X			X				X				
6	2391					X				X						X		
7	2392						X			X				X				
8	2393		X							X				X				
9	2394					X				X						X		
10	2395		X							X				X				
11	2396					X				X						X		
12	2397						X						HF			X		
13	2399		X							X				X				
14	2400		X							X				X				
15	2401						X			X				X				

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

S[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

44

FORM APPROVED OMB NO. 0579-0160

L043006

SFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	2403						X			X						X		
17	2404		X							X						X		
18	2405						X			X				X				
19	2407		X							X				X				
20	2408		X								X			X				
21	2409		X							X				X				
22	2411		X							X						X		
23	2412						X						SB			X		
24	2414						X						CB	X				
25	2415		X										SB			X		
26	2416		X							X				X				
27	2417		X										SN	X				
28	2418		X										SN			X		
29	2419		X						X					X				
30	2420		X										SN	X				
31																		
32																		
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2 of 2

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)

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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45

FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 pm	DATE: 3-8-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	2421						X		X						X			
2	2422		X										SN			X		
3	2423						X			X						X		
4	2424		X										SN	X				
5	2425						X						CB			X		
6	2426		X										SN	X				
7	2427						X		X					X				
8	2428		X						X							X		
9	2429						X			X				X				
10	2430		X							X					X			
11	2431			X						X						X		
12	2432				X								SN			X		
13	2433		X										SN	X				OFF
14	2434		X										SN			X		
15	2435		X										SN	X				

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

SIGNATURE
[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

1:30 pm 3-3-11

(Please type or print in ink)

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

45

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3436		X						X							X		
17	3437		X						X					X				
18	3438		X						X					X				
19	3439					X				X				X				
20	3440		X						X							X		
21	3441					X				X				X				
22	3442		X							X				X				
23	3443					X				X						X		
24	3444		X							X				X				
25	3445					X				X				X				
26	3446							PAL		X				X				
27	3447		X						X							X		
28	3448						X			X				X				
29	3449					X				X				X				
30																		
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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43

FORM APPROVED OMB NO. 0579-0160

1043025

TIME HORSES LOADED ON CONVEYANCE: 10:00PM	DATE: 2-6-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	2356		X							X				X				
2	2358		X							X						X		
3	2359					X				X				X				
4	2360							Ap L		X				X				
5	2361		X										Pw	X				
6	2362							Pa L		X				X				
7	2363							Pw		X				X				
8	2364		X							X						X		
9	2365							Pa L		X				X				
10	2366							Ap L		X				X				SFF
11	2367					X				X				X				
12	2368					X				X				X				
13	2369		X							X						X		
14	2370						X			X						X		
15	2371						X			X						X		

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

SIGNATU[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

10:00A 3-6-11

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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 Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Poor	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include preconditioning
16	2372		X							X				X				
17	2373		X							X				X				
18	2374					X				X				X				
19	2375					X				X				X				
20	2376		X							X				X				
21	2377		X							X						X		
22	2378						X			X				X				
23	2379		X							X						X		
24	2380						X			X				X				
25	2381						X			X						X		
26	2382				X								PN			X		
27	2383		X							X				X				
28	2384						X			X				X				
29	2385		X							X				X				
30																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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42

FORM APPROVED OMB NO. 0579-0160

L060450

TIME HORSES LOADED ON CONVEYANCE: 8:00pm RA9102K DATE: March 3/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VE [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CO [redacted]

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	2328		X							X						X		
2	2329						X			X						X		
3	2330				X					X				X				
4	2331						X			X				X				
5	2332						X			X				X				
6	2333							Ap L		X						X		
7	2334							Ap L		X				X				
8	2335						X			X						X		
9	2337						X			X						X		
10	2338			X						X				X				
11	2339						X			X				X				
12	2340						X			X				X				
13	2341				X				X					X				
14	2342		X						X					X				
15	2336		X							X						X		

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

SIGNAT [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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42

FORM APPROVED
OMB NO.
0579-0160

L060450

SFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Poney	Other	Mare	Stal	Geld		
16	2343						X			X						X		
17	2344						X			X						X		
18	2345						X			X						X		
19	2346							APL		X				X				
20	2347							APL		X				X				
21	2348							APL		X						X		
22	2349				X					X						X		
23	2350		X							X						X		
24	2351		X							X						X		
25	2352		X							X				X				
26	2353						X			X				X				
27	2354						X			X				X				
28	2355						X			X				X				
29	2356						X			X				X				
30	2357		X							X				X				
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2-of-2

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)

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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42

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00pm RA96421K

DATE: March 3/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

V [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2328		X							X						X		
2	2329						X			X						X		
3	2330				X					X				X				
4	2331						X			X				X				
5	2332						X			X				X				
6	2333							Pg		X						X		
7	2334							Pg		X				X				
8	2335						X			X						X		
9	2337						X			X						X		
10	2338			X						X				X				
11	2339						X			X				X				
12	2340						X			X				X				
13	2341				X				X					X				
14	2342		X						X					X				
15	2336		X							X						X		

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

SIGNATUR [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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42

FORM APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	2343						X			X						X		
17	2344						X			X						X		
18	2345						X			X						X		
19	2346							APL		X				X				
20	2347							APL		X				X				
21	2348							APL		X						X		
22	2349				X					X						X		
23	2350		X							X						X		
24	2351		X							X						X		
25	2352		X							X				X				
26	2353						X			X				X				
27	2354						X			X				X				
28	2355						X			X				X				
29	2356						X			X				X				
30	2357		X							X				X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

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.

41

FORM APPROVED
OMB NO. 0579-0160

L060640

TIME HORSES LOADED ON CONVEYANCE: 10:00pm	DATE: 3-1-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] 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.

USFP

	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	2246		X							X				X				
2	2247		X							X				X				
3	2248		X							X				X				
4	2249						X			X						X		
5	2250						X			X						X		
6	2251		X							X				X				
7	2252						X			X				X				
8	2253						X			X				X				
9	2254					X				X				X				
10	2255						X				X					X		
11	2256						X			X						X		
12	2270		X							X				X				
13	2271		X							X				X				
14	2272							MCL		X				X				
15	2273						X			X				X				

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

SIGNA[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

10:05p 3-1-11

(Please type or print in ink)

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

41

FORM APPROVED
OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0274						X			X						X		
17	0285			X						X				X				
18	0287						X			X				X				
19	0289						X				X					X		
20	0290						X			X				X				
21	0294			X										X				
22	0295		X										SN	X				
23	0321					X				X						X		
24	[illegible]		X							X						X		
25	0323		X							X				X				
26	0324		X							X						X		
27	0325						X			X						X		
28	0327							Pg Bull		X					X			
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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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)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30am RA9692K DATE: March 1/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	[illegible]						X			X				X				
2	[illegible]						X			X					X			
3	[illegible]		X							X				X				
4	[illegible]		X										N			X		
5	[illegible]		X										N			X		
6	[illegible]		X										N	X				
7	[illegible]		X										N			X		
8	[illegible]		X										N	X				
9	[illegible]				X								N			X		
10	[illegible]		X										N			X		
11	[illegible]				X								N			X		
12	[illegible]		X										B	X				
13	[illegible]						X			X				X				
14	[illegible]		X										N			X		
15	[illegible]						X							X				

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

SIGN [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

8:30am

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	2306		X										SN	X				
17	2307				X					X				X				
18	2308		X							X						X		
19	2309						X						MN	X				
20	2310		X							X				X				
21	2269						X			X						X		
22	2312						X						MF	X				
23	2313						X				X					X		
24	2314				X								SN			X		
25	2315		X										SN	X				
26	2316		X										SN			X		
27	2317		X										SN			X		
28	2318		X										SN	X				
29	2319		X										SN			X		
30	2291		X										SN			X		
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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40

FORM APPROVED
OMB NO. 0579-0160

L060448

TIME HORSES LOADED ON CONVEYANCE: 8:30am

DATE: March 1111

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

V [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	2245						X			X				X				
2	2258						X			X					X			
3	2286		X							X				X				
4	2292		X										SN			X		
5	2293		X										SN			X		
6	2294		X										SN	X				
7	2296		X										SN			X		
8	2297		X										SN	X				
9	2298				X								SN			X		
10	2300		X										SN			X		
11	2301				X								SN			X		
12	2302		X										SB	X				
13	2303						X			X				X				
14	2304		X										SN			X		
15	2305						X						HF	X				

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

SIG [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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40

FORM APPROVED OMB NO. 0579-0160

L060448

JSFQ

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Palo	~~Cream~~ col	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2306		X										SN	X				
17	2307				X					X				X				
18	2308		X							X						X		
19	2309						X						MUL	X				
20	2310		X							X				X				
21	2369						X			X						X		
22	2312						X						HF	X				
23	2313						X				X					X		
24	2314				X								SN			X		
25	2315		X										SN	X				
26	2316		X										SN			X		
27	2317		X										SN			X		
28	2318		X										SN	X				
29	2319		X										SN			X		
30	2299		X										SN			X		
31																		
32																		
33																		
34																		
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36																		
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2 of 2

SIG[redacted]mation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:30 Am	DATE: 3-31-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	[illegible]						X				X			X				
2	[illegible]							Pal			X			X				
3	[illegible]						X				X					X		
4	[illegible]						X				X			X				
5	[illegible]		X								X			X				
6	[illegible]		X								X			X				
7	[illegible]						X						Pal			X		
8	[illegible]		X								X			X				
9	[illegible]				X						X					X		
10	[illegible]		X								X					X		
11	[illegible]							Pal			X			X				
12	[illegible]						X				X			X				
13	[illegible]					X					X			X				
14	[illegible]							Pal			X			X				
15	[illegible]					X					X				X			

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

SIGNAT[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

6 30 11 3-31-11

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Palo	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2829		X							X				X				
17	2830						X			X						X		
18	2831		X							X				X				
19	2832		X						X					X				
20	2833		X						X					X				
21	2834		X						X							X		
22	2835				X					X				X				
23	2836							APL		X				X				
24	2837							APL		X				X				
25	2960						X			X				X				
26	2959						X			X				X				
27	2958		X							X				X				
28	2957		X							X				X				
29																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

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

5043026

TIME HORSES LOADED ON CONVEYANCE: RA9692K 10:00am DATE: March 30/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VE [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	[illegible]							Pal		X					X			
2	[illegible]		X							X						X		
3	[illegible]		X						X					X				
4	[illegible]		X							X				X				
5	[illegible]					X				X				X				
6	[illegible]						X			X				X				
7	[illegible]							Pal		X						X		
8	[illegible]							Pal		X				X				
9	[illegible]						X			X						X		
10	[illegible]		X							X						X		
11	[illegible]		X							X				X				
12	[illegible]		X										Ch	X				
13	[illegible]		X										Pin			X		
14	[illegible]		X							X						X		
15	[illegible]		X										Pin			X		

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

SIGNATU [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

RA96 March 30

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Fndo	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2771						X						SB			X		
17	2772		X										SN			X		
18	2774							Black Sand		X				X				
19	2776		X										SB			X		
20	2777				X					X				X				
21	2802		X										SN			X		
22	2804						X						SB			X		
23	2805						X				X			X				
24	2808						X			X				X				
25	2809		X							X				X				
26	2810		X							X				X				
27	2811						X			X				X				
28	2812				X				X							X		
29	2813		X						X					X				
30	2814		X							X				X				
31																		
32																		
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SIGNATU[redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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58
FORM APPROVED
OMB NO. 0579-0160
L043020

TIME HORSES LOADED ON CONVEYANCE: RA9692K 10:00am DATE: March 30th

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

V [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2610							PAL		X					X			
2	2677		X							X						X		
3	2727		X						X					X				
4	2738		X							X				X				
5	2739					X				X				X				
6	2741						X			X				X				
7	2742							APL		X						X		
8	2744							APL		X				X				
9	2745						X			X						X		
10	2751		X							X						X		
11	2757		X							X				X				
12	2758		X										CB	X				
13	2765		X										SN			X		
14	2768		X							X						X		
15	2770		X										SN			X		

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

SIGNATU [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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58

FORM APPROVED OMB NO. 0579-0160

L043020

USFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2771						X						SB			X		
17	2772		X										SN			X		
18	2774							Buck Skin		X				X				
19	2776		X										SB			X		
20	2797				X					X				X				
21	2802		X										SN			X		
22	2804						X						SB			X		
23	2805						X				X			X				
24	2808						X			X	X			X				
25	2809		X							X				X				
26	2810		X							X				X				
27	2811						X			X				X				
28	2812				X				X							X		
29	2813		X						X					X				
30	2814		X							X				X				
31																		
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2 of 2

SIGNATU[redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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57

FORM APPROVED OMB NO. 0579-0160

L043019

TIME HORSES LOADED ON CONVEYANCE: 7:00 AM	DATE: 03-29-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2735						X		X					X				
2	2736		X						X					X				
3	2737		X						X							X		
4	2748						X			X						X		
5	2749						X			X						X		
6	2750			X									MULE			X		
7	2752		X							X						X		
8	2753		X							X				X				
9	2754					X				X				X				
10	2755		X							X						X		
11	2763				X								SN			X		
12	2766		X										SN	X				
13	2767		X										SN	X				
14	2773		X										SN			X		
15	2775		X										SN	X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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57

FORM APPROVED OMB NO. 0579-0160

L043019

SFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2777					X				X				X				
17	2779		X										CB	X				
18	2780		X										CB	X				
19	2792						X		X					X				
20	2793						X		X					X				
21	2794						X						SB	X				
22	2795						X						SB			X		
23	2796						X						SB			X		
24	2798					X				X						X		
25	2799		X										CB			X		
26	2800		X							X				X				
27	2801		X						X					X				
28	2803						X						SN			X		
29	2806							B Roan			X					X		
30	2807						X				X							
31																		
32																		
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34																		
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2 of 2

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

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am	DATE: 09-29-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
[redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2735						X		X					X				
2	2736		X						X					X				
3	2737		X						X							X		
4	2748						X			X						X		
5	2749						X			X						X		
6	2750			X									Mule			X		
7	2752		X							X						X		
8	2753		X							X				X				
9	2754					X				X				X				
10	2755		X							X						X		
11	2763				X								Sno			X		
12	2766		X										Sno	X				
13	2767		X										Sno	X				
14	2773		X										Sno			X		
15	2775		X										Sno	X				

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

SIGNATURE [redacted]

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	2777					X				X				X				
17	2777		X										SB	X				
18	2780		X										SB	X				
19	2782						X		X					X				
20	2783						X		X					X				
21	2784						X						SB	X				
22	2785						X						SB			X		
23	2786						X						SB			X		
24	2788					X				X						X		
25	2789		X										SB			X		
26	2800		X							X				X				
27	2801		X						X					X				
28	2803						X						SN			X		
29	2806							Paint			X					X		
30	2807						X				X							
31																		
32																		
33																		
34																		
35																		
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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)

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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56
FORM APPROVED
OMB NO. 0579-0160
0043013

TIME HORSES LOADED ON CONVEYANCE: 7:00Am

DATE: 3-29-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

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

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] 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.
- [x] Horses are able to walk unassisted.

USFP

	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	2628						X			X					X			
2	2611		X							X					X			
3	2676			X									Mule			X		
4	2677		X							X						X		OFF
5	2679						X						Mule			X		
6	2716			X							X					X		
7	2734		X						X					X				
8	2740						X			X						X		
9	2743						X			X				X				
10	2749							Appl		X						X		
11	2756		X							X				X				
12	2759		X							X						X		
13	2760						X			X				X				
14	2761						X			X				X				
15	2762					X				X				X				

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

SIGNA (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

7-00A n 3-29-11

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2764		X										S N			X		
17	2769		X										S N			X		
18	2778		X										S B	X				
19	2781						X		X							X		
20	2782		X						X					X				
21	2783						X		X					X				
22	2784		X						X					X				
23	2785						X			X				X				
24	2786		X						X					X				
25	2788						X			X				X				
26	2789						X			X						X		
27	2790							Pal		X						X		
28	2791						X				X					X		
29																		
30																		
31																		
32																		
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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#55

FORM APPROVED
OMB NO.
0579-0160

1043017

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am	DATE: 3-27-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2612		X										Mule		X			
2	2661							PAL		X						X		
3	2675				X					X						X		
4	2678		X							X				X				
5	2708					X				X						X		
6	2709						X			X				X				
7	2710		X							X						X		
8	2711						X			X				X				
9	2712		X							X						X		
10	2713							PAL					SB	X				
11	2714		X							X						X		
12	2715						X			X					X			
13	2717						X			X						X		
14	2718						X			X				X				
15	2719						X						Mule	X				

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

[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

3-27-11

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2720		X													X		
17	2721			X						X						X		
18	2722						X			X				X				
19	2723						X			X						X		
20	2724		X						X					X				
21	2725						X		X					X				
22	2726						X							X				
23	2727		X						X					X				
24	2728		X						X					X				
25	2729		X						X					X				
26	2730		X						X					X				
27	2731		X						X					X				
28	2732						X		X					X				
29	2733						X							X				
30	2680		X							X				X				
31																		
32																		
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SIGNATUR [redacted] on contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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#54

FORM APPROVED
OMB NO. 0579-0160

L043016

TIME HORSES LOADED ON CONVEYANCE: 9:30 AM	DATE: 3-24-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	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	2707		X							X					X			
2	2668						X			X				X				
3	2681		X							X					X			
4	2682						X			X						X		
5	2683					X				X				X				
6	2684						X			X				X				
7	2685						X			X						X		
8	2686						X			X				X				
9	2687				X					X						X		
10	2688					X				X						X		
11	2689		X							X						X		
12	2690		X							X				X				
13	2691		X							X						X		
14	2692		X							X				X				
15	2693		X							X				X				

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

SIG[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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54
FORM APPROVED
OMB NO. 0579-0160
L043016

SFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Roan	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2694							Black Skin		X						X		
17	2695		X							X				X				
18	2696						X			X				X				
19	2697						X			X						X		
20	2698					X				X						X		
21	2699				X						X			X				
22	2700		X							X				X				
23	2701						X			X				X				
24	2702						X			X				X				
25	2703						X			X						X		
26	2704							APL		X						X		
27	2705						X			X				X				
28	2706		X							X				X				
29																		
30																		
31																		
32																		
33																		
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35																		
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2 of 2

SIGNATURE [redacted] ...ained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:30 Am	DATE: 3-24-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2707		X							X					X			
2	[illegible]						X			X				X				
3	[illegible]		X							X					X			
4	[illegible]						X			X						X		
5	[illegible]					X				X				X				
6	[illegible]						X			X				X				
7	[illegible]						X			X						X		
8	[illegible]						X			X				X				
9	[illegible]				X					X						X		
10	[illegible]					X				X						X		
11	[illegible]		X							X						X		
12	[illegible]		X							X				X				
13	[illegible]		X							X						X		
14	[illegible]		X							X				X				
15	[illegible]		X							X				X				

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

SI (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

9:30 AM 3-24-11

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	2694									X						X		
17	2695		X							X				X				
18	2696						X			X				X				
19	2697						X			X						X		
20	2698					X				X						X		
21	2699				X						X			X				
22	2700		X							X				X				
23	2701						X			X				X				
24	2702						X			X				X				
25	2703						X			X						X		
26	2704							NL		X						X		
27	2705						X			X				X				
28	2706		X							X				X				
29																		
30																		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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53

FORM APPROVED OMB NO. 0579-0160

2043015

TIME HORSES LOADED ON CONVEYANCE: 10:00 PM	DATE: 3-22-1
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	2649				X					X					X			
2	2648		X							X				X				
3	2649							PAL		X				X				
4	2650						X		X					X				
5	2651						X			X				X				
6	2652		X							X				X				
7	2653				X					X				X				
8	2654						X			X						X		
9	2655		X						X							X		
10	2656						X		X							X		
11	2657							DUN		X				X				
12	2658						X			X						X		
13	2659							DUN		X				X				
14	2660							PAL		X					X			
15	2661							PAL		X						X		Off

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

10 00 AM 3-22-11

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

D043015

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Gray	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Gald	BRANDS Tattoos, etc.	REMARKS Include precaution
16	2662		X							X						X		
17	2663		X							X				X				
18	2664						X			X						X		
19	2665		X							X						X		
20	2666		X							X						X		
21	2667				X					X						X		
22	2668						X			X				X				
23	2669				X					X				X				
24	2670		X							X						X		
25	2671						X			X				X				
26	2672		X							X				X				
27	2673		X							X				X				
28	2674		X							X				X				
29																		
30																		
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32																		
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2 of 2

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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51
FORM APPROVED
OMB NO. 0579-0160
L043013

TIME HORSES LOADED ON CONVEYANCE: 8:00am RA9692K
DATE: March 22/11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
V [redacted] (b)(6)
NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
Rotz's Livestock,Bruce	Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sheetn~~ SOP	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2528		X							X						X		
2	2531				X								SN			X		
3	2533						X			X				X				
4	2564		X						X					X				
5	2567		X							X				X				
6	2568						X			X				X				
7	2570					X				X						X		
8	2571						X			X						X		
9	2572		X							X				X				
10	2574							APL		X				X			dh	
11	2575						X			X						X		
12	2595							APL		X				X				
13	2596						X			X				X				
14	2597					X				X				X				
15	2598						X			X				X				

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

SIGNATUR [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

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

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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51

FORM APPROVED
OMB NO. 0579-0160

L043013

ISFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorr Cherin	Other	TB	QT	Draft	Poney	Other	Mare	Stal	Geld		
16	2599							Apl		X						X		
17	2600		X							X						X		
18	2601					X				X				X				
19	2602							Apl		X				X				
20	2603					X				X						X		
21	2604							Apl		X						X		
22	2605					X				X				X				
23	2606						X			X				X				
24	2607						X			X				X				
25	2608						X			X				X				
26	2613					X				X				X				
27	2614			X						X					X			
28	2615					X				X				X				
29	2616						X				X			X				
30	2617		X							X				X				
31																		
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2 of 2

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

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00am RA962K — DATE: March 22/11	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
[redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2553		X							X						X		
2	2551				X								W			X		
3	2553						X			X				X				
4	2564		X						X					X				
5	2547		X							X				X				
6	2568						X			X				X				
7	2576					X				X						X		
8	2571						X			X						X		
9	2572		X							X				X				
10	2579							AL		X				X			off	
11	2585						X			X						X		
12	2575							AL		X				X				
13	2596						X			X				X				
14	2577					X				X				X				
15	2545						X			X				X				

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

SIGNATURE [redacted]

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR/DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cheetn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2599							PPL		X						X		
17	2600		X							X						X		
18	2601					X				X				X				
19	2602							PPL		X				X				
20	2603					X				X						X		
21	2604							PPL		X						X		
22	2605					X				X				X				
23	2606						X			X				X				
24	2607						X			X				X				
25	2608						X			X				X				
26	2613					X				X				X				
27	2614			X						X					X			
28	2615					X				X				X				
29	2616						X				X			X				
30	2617		X							X				X				
31																		
32																		
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SIGN [redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

0043037

TIME HORSES LOADED ON CONVEYANCE: 7:00am RA9698K

DATE: Aug 26/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3188		X						X					X				
2	3201						X		X							X		
3	3202						X			X				X				
4	3230						X						SN	X				
5	3231						X			X						X		
6	3232						X			X				X				
7	3233						X			X						X		
8	3234		X							X						X		
9	3235		X										SN			X		
10	3236						X			X				X				
11	3237						X			X				X				
12	3238		X										SN	X				
13	3239						X			X				X				
14	3240				X					X						X		
15	3241					X				X				X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR/DESCRIPTION Bay	Gray	Blk.	Fawn	Chestn	Other	TB	BREED/TYPE QT	Dual	Pony	Other	SEX Mare	Stal	Gald	BRANDS Tattoos, etc.	REMARKS Include precaution
16	3242					X				X						X		
17	3243						X			X				X				
18	3244					X				X				X				
19	3245					X				X						X		
20	3246		X													X		
21	3247		X						X					X				
22	3248		X							X				X				
23	3249									X				X				
24	3250						X			X				X				
25	3251		X							X				X				
26	3252		X							X						X		
27	3253						X			X						X		
28	3254						X			X				X				
29	3255						X			X					X			
30	3199						X			X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

D043036

TIME HORSES LOADED ON CONVEYANCE [redacted] 7:00 P.m	DATE 4-26-2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME [redacted]		NAME OF AUCTION/MARKET Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME Rotz's Livestock,Bruce		CONSIGNEE (RECEIVER/DESTINATION) NAME Viande Richelieu Meat Inc.
STREET ADDRESS 457 Airport Rd.		STREET ADDRESS 595 Rue Royale
CITY, STATE, ZIP CODE Shippensburg,Pa. 17257		CITY, STATE, ZIP CODE Massueville,QU. Canada
AREA CODE & TELEPHONE NO. 717-532-5691		AREA CODE & TELEPHONE NO. 450-788-2490

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [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.

USFP

	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	3201					X				X					X			
2	3202		X						X							X		
3	3203						X			X				X				
4	3204							Appl (Gray)		X						X		
5	3205						X			X				X				
6	3206						X			X				X				
7	3207						X			X						X		
8	3208					X				X						X		
9	3209		X							X						X		
10	3210						X			X				X				
11	3211						X			X				X				
12	3212						X			X				X				
13	3213							Appl		X						X		
14	3214						X			X				X				
15	3215						X			X				X				

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

SIGNATURE [redacted]

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED
OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Fndo	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3216									X				X				
17	3217			X						X				X				
18	3218			X						X				X				
19	3219					X				X				X				
20	3220						X			X				X				
21	3221						X			X				X				
22	3222						X			X				X				
23	3223				X					X						X		
24	3224		X							X				X				
25	3225		X						X							X		
26	3226						X			X						X		
27	3227						X			X				X				
28	3228				X					X				X				
29	3229						X			X					X			
30																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

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

1043836

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3166						X			X				X				
2	3167							DUN		X				X				
3	3168						X			X						X		
4	3169					X				X						X	opt	
5	3170				X					X				X				
6	3171						X			X				X				
7	3172						X			X				X				
8	3173		X							X				X				
9	3174						X			X				X				
10	3175		X							X				X				
11	3176						X			X				X				
12	3178		X										SN			X		
13	3179		X										SN	X				
14	3180						X			X				X				
15	3181		X							X						X		

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3182						X			X				X				
17	3183		X						X					X				
18	3184		X						X					X				
19	3185		X						X					X				
20	3186		X						X					X				
21	3187						X			X				X				
22	3188		X						X					X			off	
23	3189		X						X							X		
24	3190						X		X					X				
25	3192						X		X							X		
26	3193		X							X				X				
27	3194		X							X				X				
28	3195		X						X							X		
29	3196		X						X					X				
30	3198							AP		X						X		
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

E043032

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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.

USFP

	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	3097		X						X					X				
2	3117						X				X					X		
3	3118						X				X			X				
4	3119		X				X		X					X				
5	3120		X				X		X					X				
6	3121		X						X					X				
7	3122						X			X				X				
8	3123						X						CB	X				
9	3124		X						X					X				
10	3125		X						X							X		
11	3126		X							X				X				
12	3127			X					X					X				
13	3128		X						X					X				
14	3129						X			X				X				
15	3130		X						X					X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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FORM APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sheets	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3131		X						X					X				
17	3132		X						X					X				
18	3133						X			X				X				
19	3134			X						X				X				
20	3135		X						X					X				
21	3136		X						X							X		
22	3137						X			X				X				
23	3138			X					X					X				
24	3139		X						X					X				
25	3140			X					X	X				X				
26	3141		X						X					X				
27	3142						X			X				X				
28	3143				X					X				X				
29	3144		X							X				X				
30	3145		X						X							X		
31																		
32																		
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(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

0043034

TIME HORSES LOADED O: 10:00am [redacted] (b)(6) [redacted] (b)(6)

DATE: Apr 1 2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3115						X						HF		X			
2	3116		X						X							X		
3	3107		X						X							X		
4	3108				X					X				X				
5	3109					X				X				X				
6	3110		X							X						X		
7	3111				X					X				X				
8	3112						X			X				X				
9	3113						X			X						X		
10	3114					X				X				X				
11	3115		X							X						X		
12	3116							Dun		X				X				
13	3146		X						X							X		
14	3147						X		X							X		
15	3148		X					Red	X					X				

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

SIGNATU[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F[redacted] (b)(6)

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)

10:00am Apr 1/91

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

[redacted] (b)(6)

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Palo	Spotted	Other	TB	QT	Draft	Poor	Other	Mare	Stal	Geld		
16	3149							Red Dane	X							X		
17	3150						X		X					X				
18	3151		X						X					X				
19	3153		X						X							X		
20	3154		X							X				X				
21	3155						X			X				X				
22	3156		X						X					X				
23	3157		X										SN			X		
24	3158					X				X						X		
25	3159							AP		X						X		
26	3160		X							X			SN			X		
27	3161		X							X				X				
28	3162		X							X				X				
29	3163		X							X				X				
30	3164		X							X				X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

043033

TIME HORSES LOADED: 8:00AM [redacted] (b)(6) DATE: April 16/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3064					X				X				X				
2	3068		X							X						X		
3	3069		X							X						X		
4	3070			X						X				X				
5	3071		X							X						X		
6	3072					X				X				X				
7	3082					X				X				X				
8	3083				X								Pn			X		
9	3084			X						X				X				
10	3085				X					X						X		
11	3086		X						X							X		
12	3087						X		X							X		
13	3088		X						X					X				
14	3089		X						X					X				
15	3090						X		X					X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

8:00 AM 4/16/

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3091		X						X					X				
17	3092		X						X					X				
18	3093		X						X					X				
19	3094		X						X					X				
20	3095		X						X							X		
21	3096		X						X					X				
22	3097		X						X							X		
23	3098		X							X				X				
24	3099		X						X					X				
25	3100		X						X					X				
26	3101		X							X						X		
27	3102		X						X					X				
28	3103						X			X						X		
29	3104						X		X					X				
30	3105						X		X							X		
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATU (b)(6) that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

66

L043031

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 12-04-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3009						X			X						X		
2	3010							APL		X				X				
3	3011						X			X						X		
4	3012		X							X						X		
5	3013		X							X						X		
6	3014		X										NL E	X				
7	3015		X							X				X				
8	3016						X			X				X				
9	3017		X							X				X				
10	3018		X							X				X				
11	3019						X			X				X				
12	3020		X							X				X				
13	3021		X							X				X				
14	3022						X			X						X		
15	3023		X							X						X		

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

[redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET) 12-04-11

(Please type or print in ink)

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

66

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Gald	BRANDS Tattoos, etc.	REMARKS Include precondition
16	3024									X						X		
17	3025		X							X						X		
18	3026						X			X				X				
19	3027				X					X				X				
20	3028						X			X				X				
21	3029						X			X						X		
22	3030						X			X				X				OAF
23	3031		X							X						X		
24	3032				X					X						X		
25	3033				X					X				X				
26	3034		X										CB	X				
27	3035						X			X				X				
28	3036		X							X				X				
29	3037						X						CB	X				
30	3038						X			X						X		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

2013039

TIME HORSES LOADED ON: 6:30am [redacted] (b)(6)

DATE: April 14/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [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.

USFP

	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	3048		X						X					X				
2	3048		X						X					X				
3	3049		X										SN	X				
4	3050		X							X				X				
5	3051		X							X				X				
6	3052				X				X					X				
7	3053		X						X					X				
8	3054					X				X				X				
9	3055		X						X							X		
10	3056		X						X					X				
11	3057		X						X					X				
12	3058				X				X							X		
13	3059					X							SB			X		
14	3060		X						X					X				
15	3061		X						X					X				

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

SIGN [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 76

DATE 15.04.2011

TIME 14:00

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

6:30AM

[redacted] (b)(6)

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

FORM APPROVED OMB NO. 0579-0160

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Piebd	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	3062		X						X					X				
17	3063		X						X							X		
18	3065		X						X					X				
19	3066		X						X					X				
20	3067						X			X						X		
21	3073		X						X							X		
22	3074		X										SN			X		
23	3075		X										SN			X		
24	3076						X			X						X		
25	3077		X							X				X				
26	3078							Fl Cat		X				X				
27	3079						X			X				X				
28	3080		X										SB	X				
29	3081		X							X						X		
30	3985				X					X					X			
31																		
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[redacted] (b)(6) the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

65

1043030

TIME HORSES LOADED ON CONVEYANCE: 8:00am [redacted] (b)(6)

DATE: April 12/11

[redacted] (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	2955		X						X					X				
2	2957						X						GS	X				
3	2958			X									MULE	X				
4	2959		X							X				X				
5	2960						X			X					X			
6	2962					X				X				X				
7	2964						X			X						X		
8	2965							APL		X				X				
9	2967				X					X				X				
10	2968					X				X				X				
11	2972					X				X						X		
12	2973						X		X					X				
13	2974		X						X					X				
14	2975		X						X					X				
15	2976						X			X						X		

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 76

DATE 15 04

TIME 8:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2977						X			X				X				
17	2978							Red		X				X				
18	2979							Red		X						X		
19	2980		X										SN			X		
20	2981		X										SN	X				
21	2982						X			X				X				
22	2986		X						X							X		
23	2987		X							X				X				
24	2988						X			X				X				
25	2991							Red		X				X				
26	2993		X						X					X				
27	2994		X						X					X				
28	2995		X						X					X				
29	3001							Red		X				X				
30	3003							Red		X				X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

64

FORM APPROVED OMB NO. 0579-0160

L043028

TIME HORSES LOADED ON [redacted] (b)(6) 6:30pm

DATE April 13/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

VE [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2956		X										SN			X		
2	2961						X			X				X				
3	2963							APL		X				X				
4	2966							APL		X						X		
5	2969					X				X						X		
6	2970					X				X				X				
7	2971					X				X				X				
8	2983		X										SN			X		
9	2984						X			X				X				
10	2989		X						X					X				
11	2992		X						X					X				
12	2996		X						X					X				
13	2997		X						X						X			
14	2998		X										SN	X				
15	2999		X						X					X				

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

SIGNATUR [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 76

DATE April 14th 2011

TIME 8:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

64

FORM APPROVED OMB NO. 0579-0160

L043028

ISFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Black~~ SOF	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3000						X			X						X		
17	3002			X						X				X				
18	3004					X				X						X		
19	3005						X			X						X		
20	3006			X						X				X				
21	3007							B SKIN		X						X		
22	3008							B SKIN		X				X				
23	3039						X			X						X		
24	3040				X					X				X				
25	3041							R ROAN		X						X		
26	3042		X										CB	X				
27	3043		X										MULE			X		
28	3044						X			X						X		
29	3045		X						X							X		
30	3046						X						SB	X				
31																		
32																		
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SIGNA[redacted] ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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.

64

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30pm [redacted] (b)(6)

DATE: Apr/13/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2956		X										SN			X		
2	2961						X			X				X				
3	2963							Appl		X				X				
4	2966							Appl		X						X		
5	2969					X				X						X		
6	2970					X				X				X				
7	2971					X				X				X				
8	2983		X										SN			X		
9	2984						X			X				X				
10	2989		X						X					X				
11	2992		X						X					X				
12	2996		X						X					X				
13	2997		X						X						X			
14	2998		X										SN	X				
15	2999		X						X					X				

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE April 14th

TIME 8:30 AM

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3000						X			X						X		
17	3002			X						X				X				
18	3004					X				X						X		
19	3005						X			X						X		
20	3006			X						X				X				
21	3007							B Snow		X						X		
22	3008							B Snow		X				X				
23	3039						X			X						X		
24	3040				X					X				X				
25	3041							Roan		X						X		
26	3042		X										CB	X				
27	3043		X										Roan			X		
28	3044						X			X						X		
29	3045		X						X							X		
30	3046						X						SB	X				
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON [redacted] (b)(6) DATE April 6/11

10:00am

[redacted] (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2887						X			X					X			
2	2926			X					X							X		
3	2927						X			X						X		
4	2928		X							X				X				
5	2929		X							X				X				
6	2930		X							X						X		
7	2931				X					X				X				
8	2932						X			X						X		
9	2933		X										SN	X				
10	2934				X					X				X				
11	2935		X							X						X		
12	2936		X							X						X		
13	2937		X							X						X		
14	2938						X			X				X				
15	2939						X			X				X				

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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63

FORM APPROVED OMB NO. 0579-0160

[redacted]

	[redacted]																	
			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2940						X			X				X				
17	2941							AL		X						X		
18	2942						X			X						X		
19	2943						X						HF	X				
20	2944						X			X				X				
21	2945					X				X				X				
22	2946		X							X						X		
23	2947		X							X				X				
24	2948		X							X				X				
25	2949							AL		X				X				
26	2950		X							X						X		
27	2951		X					AL						X				
28	2952		X										SN	X				
29	2953						X		X							X		
30	2954		X										SN			X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[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

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM	DATE: 04-05-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2895						X			X				X				
2	2896							DUN		X				X				
3	2897						X			X				X				
4	2898						X			X						X		
5	2899		X							X						X		
6	2900						X			X				X				
7	2901		X						X							X		
8	2902						X		X					X				
9	2903		X						X					X				
10	2904		X						X							X		
11	2905							APL		X				X				
12	2906						X						CB			X		
13	2907		X										SN			X		
14	2908							APL		X						X		
15	2909							APL		X						X		

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2910							PAL		X				X				
17	2911		X						X					X				
18	2912						X			X				X				
19	2913						X		X							X		
20	2914		X						X							X		
21	2916					X				X						X		
22	2917						X			X				X				
23	2918						X		X							X		
24	2919		X						X							X		
25	2920		X						X					X				
26	2921						X			X				X				
27	2922		X						X					X				
28	2923							PAL		X				X				
29	2924		X						X					X				
30	2925							PAL		X						X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

61

LC4 3024

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 4-5-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

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

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	2864		X							X						X		
2	2865		X							X				X				
3	2866		X							X				X				
4	2867					X				X						X		
5	2868						X			X				X				
6	2869						X			X						X		
7	2870			X									Mule	X				
8	2871						X			X						X		
9	2872						X			X						X		
10	2873							Dun		X						X		
11	2874						X			X						X		
12	2875						X				X			X				
13	2876									X						X		
14	2877						X			X						X		
15	2878							Pal		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED
OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sheen	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	2879				X					X				X				
17	2880						X			X						X		
18	2881						X			X				X				
19	2882		X							X				X				
20	2883		X							X						X		
21	2884							Pinto		X						X		
22	2885		X							X						X		
23	2886					X				X					X			
24	2890						X		X							X		
25	2891						X			X						X		
26	2892							Appl		X						X		
27	2893			X						X						X		
28	2894					X				X						X		
29																		
30																		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

2043022

TIME HORSES LOADED ON CONVEYANCE: 12:30PM	DATE: 4-3-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	2838						X						Gr	X				
2	2839				X						X			X				
3	2840				X				X							X		
4	2841			X					X					X				
5	2842		X						X					X				
6	2843				X				X							X		
7	2844		X						X					X				
8	2845		X						X							X		
9	2846						X		X							X		
10	2847		X							X				X				
11	2848		X							X				X				
12	2849		X										Sw			X		
13	2850		X							X						X		
14	2851		X										Sw	X				
15	2852		X							X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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)

12-30 4-3-11

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

[redacted] (b)(6)

16	2853																		
17	2854																		
18	2855																		
19	2856																		
20	2857																		
21	2858																		
22	2859																		
23	2860																		
24	2861																		
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26	2863																		
27	2888																		
28	2889																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 P.M.

DATE: 5-31-2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3716						X			X						X		
2	3713		X							X					X			
3	3718					X				X						X		
4	3720						X			X				X				
5	3721		X							X						X		
6	3725					X				X				X				
7	3729				X					X				X				
8	3733						X			X						X		
9	3748						X	Cream	X							X		
10	3749				X				X					X				
11	3750		X						X							X		
12	3751		X						X							X		
13	3752		X							X				X				
14	3757		X							X						X		
15	3758						X			X				X				

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

[redacted] 5-31-2011

(b)(6)

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FORM APPROVED OMB NO. 0579-0160

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3264		X							X				X				
17	3265				X					X						X		
18	3266				X					X						X		
19	3267				X					X						X		
20	3268		X							X						X		
21	3273		X							X						X		
22	3277		X							X						X		
23	3280					X				X				X				
24	3281						X			X				X				
25	3282		X							X				X				
26	3286				X					X						X		
27	3293		X							X						X		
28	3298					X				X						X		
29																		
30																		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

5043056

TIME HORSES LOADED ON: 10:00AM [redacted] (b)(6)

DATE: May 21/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3716							roan		X				X			off	
2	3722				X					X						X		
3	3725		X							X				X				
4	3726				X					X						X		
5	3727						X			X						X		
6	3728		X							X				X				
7	3732				X					X				X				
8	3733		X							X						X		
9	3734					X				X				X				
10	3739						X			X				X				
11	3741		X							X						X		
12	3743		X							X				X				
13	3744		X						X						X			
14	3745						X		X							X		
15	3746						X		X					X				

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

Dicom [redacted] Mal 31

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

FORM APPROVED OMB NO. 0579-0160

[redacted] (b)(6)

	[redacted]																	
										ED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Drafl	Pony	Other	Mare	Stal	Geld		
16	3747						X		X					X				
17	3753							Pal		X				X				
18	3754		X							X				X				
19	3755		X										Pal			X		
20	3759						X			X						X		
21	3769		X							X				X				
22	3770					X				X				X				
23	3771							Pal		X				X				
24	3775		X							X				X				
25	3778						X			X				X				
26	3779						X			X				X				
27	3787				X					X				X				
28	3788						X			X						X		
29	3789					X				X				X				
30	3790					X				X				X				
31	3801					X				X						X		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

2 of 2

[redacted] (b)(6)

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
5043054

TIME HORSES LOADED ON CONVEYA[redacted] DATE: May 27/11
50am 1645 PA switch 8:00am [redacted] (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3685						X			X						X		
2	3686					X				X						X		
3	3687					X				X				X				
4	3688					X				X				X				
5	3689							R Roan		X				X				
6	3690		X										Sn	X				
7	3691						X			X						X		
8	3692						X			X						X		
9	3693						X			X				X				
10	3694							Ap L		X						X		
11	3695							Pa		X						X		
12	3696						X			X						X		
13	3697				X					X				X				
14	3698						X			X				X				
15	3699					X				X				X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

FORM APPROVED OMB NO. 0579-0160

(b)(6)

			Breed/Type											Sex			Brands Tattoos, etc.	Remarks Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	Yrs	QT	Dra	Pony	Other	Mare	Stal	Geld		
16	3700						X			X						X	OH AT	Home
17	3701			X						X				X				
18	3702							Pud		X				X				
19	3703							PPL		X				X				
20	3704						X			X						X		
21	3705		X							X						X		
22	3706		X							X						X		
23	3707						X			X				X				
24	3708						X			X				X				
25	3709		X							X						X		
26	3710							PPL		X						X		
27	3711		X							X					X			
28	3714						X			X						X		
29	3715			X						X				X				
30	3716							Ch/Pn		X				X				
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

5:30 p.m. *(Please type or print in ink)*

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

FORM APPROVED OMB NO. 0579-0160

89

6045053

TIME HORSES LOADED ON CONVEYANCE [redacted]	DATE 6-26-2011
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE	Shippensburg,Pa.
NAME OF AUCTION/MARKET	Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME	Rotz's Livestock,Bruce
CONSIGNEE (RECEIVER/DESTINATION) NAME	Viande Richelieu Meat Inc.
STREET ADDRESS	457 Airport Rd.
STREET ADDRESS	595 Rue Royale
CITY, STATE, ZIP CODE	Shippensburg,Pa. 17257
CITY, STATE, ZIP CODE	Massueville,QU. Canada
AREA CODE & TELEPHONE NO.	717-532-5691
AREA CODE & TELEPHONE NO.	450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3657		X										SN	X				
2	3658							PB/BM		X				X				
3	3659		X							X						X		
4	3660		X							X						X		
5	3661		X										SB			X		
6	3662						X			X				X				
7	3663				X					X						X		
8	3664					X				X				X				
9	3665		X							X				X				
10	3666							PPL		X						X		
11	3667						X			X				X				
12	3668						X			X				X				
13	3669							PAL		X				X				
14	3670						X			X						X		
15	3671		X							X						X		

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

SIGNATU [redacted]

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3672		X							X				X				
17	3673							Pw		X				X				
18	3674							Pw		X						X		
19	3675						X			X						X		
20	3676					X				X						X		
21	3677		X										SN			X		
22	3678		X						X							X		
23	3679		X										SN	X				
24	3680						X			X				X				
25	3681		X							X				X				
26	3682				X					X						X		
27	3683						X			X				X				
28	3684						X			X						X		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L043002

TIME HORSES LOADED ON C [redacted] (b)(6) DATE 10:30am 1/21/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	3539		X							X						X		
2	3542				X					X				X				
3	3543		X							X				X				
4	3544		X							X				X				
5	3545		X							X						X		
6	3546		X							X						X		
7	3547						X			X				X				
8	3548		X							X						X		
9	3549						X			X						X		
10	3550		X							X				X				
11	3551		X							X						X		
12	3552		X							X						X		
13	3553		X							X				X				
14	3554						X			X				X				
15	3555		X							X				X				

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

FORM APPROVED OMB NO. 0579-0160

[redacted] (b)(6)

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald		
16	3556						X			X				X				
17	3557						X			X				X				
18	3558		X							X				X				
19	3559		X							X				X				
20	3560						X			X						X		
21	3561						X			X						X		
22	3562							PATE		X				X				
23	3563						X			X				X				
24	3564		X							X				X				
25	3565							Pato		X						X		
26	3566		X							X						X		
27	3567		X							X				X				
28	3568						X			X				X				
29	3569					X				X						X		
30	3570		X							X						X		
31																		
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34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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

0043049

[redacted] (b)(6)	DATE 5-19-2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
	9:00 A.m.	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce		CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.		STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257		CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691		AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestnut	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3571						X			X				X				
2	3572		X						X							X		
3	3573		X						X					X				
4	3574		X						X							X		
5	3576		X							X				X				
6	3578						X			X				X				
7	3579					X				X						X		
8	3580		X							X				X				
9	3581		X							X				X				
10	3582		X						X							X		
11	3583						X		X					X				
12	3584						X			X				X				
13	3585					X				X						X		
14	3586						X			X				X				
15	3587							AP2		X				X				

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
[redacted] SHEET)

5-19-2011

(b)(6)

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FORM APPROVED OMB NO. 0579-0160

0043049

USDA

	[redacted]					[redacted]												
	[redacted]					[redacted]			BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
	[redacted]	[redacted]	Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3588		X							X				X				
17	3589						X			X					X			
18	3590						X			X						X		
19	3591		X							X				X				
20	3592		X							X				X				
21	3593		X							X				X				
22	3594		X							X				X				
23	3595		X							X						X		
24	3596							Pw		X				X				
25	3597						X			X				X				
26	3598					X				X						X		
27	3599						X			X				X				
28	3600						X				X			X				
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32																		
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SIGN[redacted]tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L043048

TIME HORSES LOADED ON CONVEYANCE: 10:30 A.m.
DATE: 5-17-2011
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

(b)(6)

R'S NAME:
NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce
CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.
STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257
CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691
AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Cremin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3485		X							X				X				
2	3487						X			X					X			
3	3496					X				X				X				
4	3497					X				X				X				
5	3515							PAL		X				X				
6	3516		X										CB	X				
7	3517		X							X				X				
8	3518					X				X				X				
9	3519						X			X				X				
10	3520		X							X						X		
11	3521					X				X						X		
12	3522							APL		X				X				
13	3523						X			X				X				
14	3524		X										MULE			X		
15	3525							PAL		X				X				

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

SIGNATU

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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

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

(Please type or print in ink)

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83

FORM APPROVED OMB NO. 0579-0160

L043048

JSFQ

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	SOR ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3526						X			X				X				
17	3527					X				X				X				
18	3528						X			X				X				
19	3529				X								MULE			X		
20	3530						X			X				X				
21	3531						X			X				X				
22	3532		X							X						X		
23	3533		X							X				X				
24	3534						X			X						X		
25	3535				X					X				X				
26	3536				X					X				X				
27	3537				X					X				X				
28	3538						X			X				X				
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St[redacted]on contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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84

FORM APPROVED OMB NO. 0579-0160

L043002

TIME HORSES LOADED: 10:30am [redacted] (b)(6) DATE: Mar 17/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREEDING/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cremo~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3539		X							X						X		
2	3542				X					X				X				
3	3543		X							X				X				
4	3544		X							X				X				
5	3545		X							X						X		
6	3546		X							X						X		
7	3547						X			X				X				
8	3548		X							X						X		
9	3549						X			X						X		
10	3550		X							X				X				
11	3551		X							X						X		
12	3552		X							X						X		
13	3553		X							X				X				
14	3554						X			X				X				
15	3555		X							X				X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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84

FORM APPROVED OMB NO. 0579-0160

L043002

SFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Black~~ SOR	Other	TB	QT	Draft	Poor	Other	Mare	Stal	Geld		
16	3556						X			X				X				
17	3557						X			X				X				
18	3558		X							X				X				
19	3559		X							X				X				
20	3560						X			X						X		
21	3561						X			X						X		
22	3562							WHITE		X				X				
23	3563						X			X				X				
24	3564		X							X				X				
25	3565							DUN		X						X		
26	3566		X							X						X		
27	3567		X							X				X				
28	3568						X			X				X				
29	3569					X				X						X		
30	3570		X							X						X		
31																		
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SI[redacted] contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

0043051

TIME HORSES LOADED ON CONVEYANCE: 3:00 P.M.	DATE: 05-23-2011
[redacted]	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	[illegible]		X							X				X				
2	[illegible]		X							X				X				
3	[illegible]				X					X				X				
4	[illegible]				X					X						X		
5	[illegible]		X							X				X				
6	[illegible]		X							X						X		
7	[illegible]							Pw		X				X				
8	[illegible]						X			X				X				
9	[illegible]		X							X				X				
10	[illegible]							Pt		X				X				
11	[illegible]						X			X						X		
12	[illegible]			X						X				X				
13	[illegible]					X				X				X				
14	[illegible]					X				X				X				
15	[illegible]					X				X				X				

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

SIGNAT[redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
[redacted] SHEET)

3:05 p.m. 05-23-2011

(b)(6)

[redacted] in ink)

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

86

FORM APPROVED
OMB NO. 0579-0160

L043051

	[redacted] SCRIPTION								BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3614					X				X				X				
17	3615						X			X						X		
18	3616				X					X						X		
19	3617						X			X				X				
20	3618		X							X				X				
21	3619					X				X						X		
22	3620					X				X					X			
23	3621						X			X				X				
24	3622						X			X				X				
25	3623					X				X					X			
26	3624						X			X				X				
27	3625		X										DN			X		
28	3626		X							X				X				
29																		
30																		
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32																		
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SIGNA[redacted] ontained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

1043052

TIME HORSES LOADED: 10:30am [redacted] DATE: May 25/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3627						X						SN			X		
2	3628		X							X						X		
3	3629							PR		X				X				
4	3630							Roan		X				X				
5	3631							PR		X					X			
6	3632		X							X				X				
7	3633							Roan		X						X		
8	3634					X				X						X		
9	3635					X				X				X				
10	3636						X			X				X				
11	3637					X				X						X		
12	3638							PR		X				X				
13	3639							PR		X				X				
14	3640				X								SN	X				
15	3641		X										SN			X		

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

SIGN [redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
10.30a (CONTINUATION SHEET)

[redacted]

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

FORM APPROVED OMB NO. 0579-0160

L043052

	[redacted]									BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
											Draft	Pony	Other	Mare	Stal	Geld		
16	3642									X				X				
17	3643		X							X				X				
18	3644					X				X						X		
19	3645					X				X				X				
20	3646				X					X						X		
21	3647		X							X						X		
22	3648		X							X						X		
23	3649		X							X						X		
24	3650		X										SN			X		
25	3651		X					X								X		
26	3652		X					X						X				
27	3653			X				X								X		
28	3654		X					X								X		
29	3655		X							X						X		
30	3656		X							X						X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[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

0043049

T[redacted] (b)(6) DATE 5-17-2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

V[redacted] (b)(6) 10:30 A.M.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3485		X							X				X				
2	3487						X			X					X			
3	3496					X				X				X				
4	3497					X				X				X				
5	3515							Pal		X				X				
6	3516		X										Pib	X				
7	3517		X							X				X				
8	3518					X				X				X				
9	3519						X			X				X				
10	3520		X							X						X		
11	3521					X				X						X		
12	3522							Pal		X				X				
13	3523						X			X				X				
14	3524		X										Mare			X		
15	3525							Pal		X				X				

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

SIGNATU[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE

FIT [redacted] LAUGHTER FACILITY

[redacted] SHEET) 5-17-2011

(b)(6)

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

FORM APPROVED OMB NO. 0579-0160

	P[redacted]		DESCRIPTION 3:30 p.m.						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3526						X			X				X				
17	3527					X				X				X				
18	3528						X			X				X				
19	3529				X											X		
20	3530						X			X				X				
21	3531						X			X				X				
22	3532		X							X						X		
23	3533		X							X				X				
24	3534						X			X						X		
25	3535				X					X				X				
26	3536				X					X				X				
27	3537				X					X				X				
28	3538						X			X				X				
29																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

1043039

TIME HORSES LOADED ON CONVEYANCE: 600 PM	DATE: 5/3/2011
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
V [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3152						X		X						X			
2	3275						X			X					X			
3	3291						X			X				X				
4	3295							MPL		X						X		
5	3297				X					X				X				
6	3299		X										SN	X				
7	3300		X										SN	X				
8	3301		X										SN			X		
9	3303				X								SN			X		
10	3304		X										SN			X		
11	3314		X							X						X		
12	3315					X				X						X		
13	3317		X										SN			X		
14	3318		X										SN	X				
15	3321		X										SN	X				

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

SIGNATURE [redacted] (b)(6)

I HEREBY A [redacted] S DOCUMENT AND THE INFORMATION IN IT AS COMPLETE [redacted] FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	3328		X										SN	X				
17	3331		X										SN	X				
18	3335						X			X				X				
19	3337		X										SN	X				
20	3341						X		X							X		
21	3342		X						X							X		
22	3343		X							X				X				
23	3346		X						X					X				
24	3349		X						X					X				
25	3352		X						X					X				
26	3356						X			X				X				
27	3359						X			X						X		
28	3362							PAL		X						X		
29	3366		X							X				X			off	
30																		
31																		
32																		
33																		
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

2043041

TIME HORSES LOADED ON CONVEYANCE: 600 PM	DATE: 5/5/2011
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
V [redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
C [redacted] Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3265		X						X						X			
2	3279						X			X					X			
3	3289						X			X				X				
4	3293							Dun		X						X		
5	3294						X			X				X				
6	3296		X										SN	X				
7	3298		X										SN			X		
8	3302		X							X						X		
9	3305		X										SN			X		
10	3306		X										SN			X		
11	3307				X								HF			X		OFF
12	3309		X										SN	X				
13	3311		X										SN	X				
14	3313						X						SN			X		
15	3320		X										SN	X				

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

SIGNATURE [redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

5/5/2011

[redacted]

(b)(6)

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

FORM APPROVED OMB NO. 0579-0160

2043041

	P		BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Paint	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald		
16	3324						X			X				X				
17	3329						X						SB	X				
18	3330						X						CB	X				
19	3333		X										SN			X		
20	3344				X					X						X		
21	3347		X						X					X				
22	3351						X		X					X				
23	3365		X							X						X		
24	7962				X						X			X				
25	7963			X					X					X				
26	7964						X			X						X		
27	7965						X			X						X		
28	3366		X							X				X				
29	3368							AP		X						X		
30																		
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 600/m — DATE: 5/8/2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEH[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFB

	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	3374							AR		X					X			
2	3307				X								PG			X		
3	3312		X										SN	X				
4	3334		X										SN			X		
5	3370		X						X					X				
6	3371		X						X					X				
7	3375		X						X					X				
8	3376		X						X					X				
9	3379						X			X				X				
10	3382				X					X				X				
11	3384		X							X				X				
12	3385		X							X				X				
13	3387						X			X				X				
14	3388						X			X				X				
15	3391						X			X				X				

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

SIGNATUR[redacted] (b)(6)

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

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

[redacted] (b)(6)

V[redacted]ns are obsolete

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

5/8/2011

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

0043042

BFD	T PR		BREED/TYPE Bay	Grey	Blk.	Pinto	Dairy	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	3392		X							X						X		
17	3393						X			X				X				
18	3394						X			X				X				
19	3395		X							X						X		
20	3396					X				X						X		
21	3397							PaL		X				X				
22	3399		X										SN	X				
23	3400						X			X				X				
24	3401		X										SB	X				
25	3402		X										SN	X				
26	3403		X						X					X				
27	3404						X			X				X				
28	3407		X							X						X		
29																		
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32																		
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SI[redacted] information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

1043045

TIME HORSES LOADED ON CONVEYANCE: 11:00am

VI: RA642K

DATE: Mar 10/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3363						X			X					X			
2	3369						X		X							X		
3	3373		X						X					X				
4	3377						X		X					X				
5	3378						X		X					X				
6	3381						X			X				X				
7	3383		X							X						X		
8	3405		X										SN	X				
9	3408			X					X					X				
10	3410		X						X							X		
11	3418						X		X					X				
12	3419		X						X					X				
13	3420		X						X					X				
14	3422			X						X				X				
15	3437						X			X						X		

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

SIG[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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)

[redacted]

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FORM APPROVED
OMB NO. 0579-0160

0043045

	[redacted]									BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cheek	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3439							Rw		X				X				
17	3440							Pwr		X				X				
18	3441							Pb		X				X				
19	3442		X							X				X				
20	3443		X							X				X				
21	3445		X							X				X				
22	3446		X							X				X				
23	3447						X			X				X				
24	3448					X				X						X		
25	3449						X			X						X		
26	3451						X			X				X				
27	3452		X							X				X				
28	3453							Pb		X				X				
29	3454				X					X				X				
30	3455		X							X				X				
31																		
32																		
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34																		
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[redacted] umation contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L043044

TIME HORSES LOADED ON CONVEYANCE: 1110 PM	DATE: 5/10/2011
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
V [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3367				X						X			X				
2	3371		X						X							X		
3	3372						X		X					X				
4	3380					X				X				X				
5	3386						X			X				X				
6	3389							PAL		X						X		
7	3390						X			X						X		
8	3398							PAL		X				X				
9	3406		X										SN			X		
10	3409		X						X							X		
11	3411		X						X					X				
12	3421						X		X							X		
13	3423						X			X				X				
14	3424		X							X				X				
15	3425						X			X				X				

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

SIGNATU [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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FORM APPROVED OMB NO. 0579-0160

0043044

[redacted]

	TAG PREFIX	TAG NO.	BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3426				X					X				X				
17	3427						X			X				X				
18	3428			X						X						X		
19	3429						X			X						X		
20	3430					X				X				X				
21	3431						X			X				X				
22	3432				X					X				X				
23	3433						X			X				X				
24	3434						X			X						X		
25	3435						X			X				X				
26	3438						X			X						X		
27	3444						X						SB	X				
28	3450		X							X					X			
29																		
30																		
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32																		
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SIGNATU[redacted]tion contained in this form is true and correct to the best of my knowledge.)

[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

5647046

TIME HORSES LOADED ON CONVEYANCE: 5:00 PM. DATE: 5/12/2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
[redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3456		X						X						X			
2	3457				X					X				X				
3	3458							PAL		X				X				
4	3459				X					X						X		
5	3460						X			X						X		
6	3461						X			X				X				
7	3462						X			X						X		
8	3463						X			X						X		
9	3464					X				X				X				
10	3465		X							X						X		
11	3466						X			X						X		
12	3467				X					X						X		
13	3468	X								X				X				
14	3469					X				X				X				
15	3470						X			X				X				

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

SIGNAT[redacted]

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

5/12/2011

(Please type or print in ink)

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

FORM APPROVED
OMB NO. 0579-0160

[redacted]

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3471		X							X						X		
17	3472					X				X				X				
18	3473		X							X						X		
19	3474					X				X						X		
20	3475		X							X				X				
21	3476		X							X				X				
22	3477		X							X						X		
23	3478									X					X			
24	3479						X			X						X		
25	3480						X			X						X		
26	3481		X							X				X			off	
27	3482		X							X				X				
28	3483		X										CB			X		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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45																		

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

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 P.m.	DATE: 5-15-2011
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chest	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3481		X							X				X				
2	3484						X			X				X				
3	3486						X			X						X		
4	3488		X							X						X		
5	3489		X							X						X		
6	3490		X							X						X		
7	3491						X			X						X		
8	3492		X							X				X				
9	3493		X							X						X		
10	3494		X							X						X		
11	3495		X							X						X		
12	3498					X				X						X		
13	3499		X						X						X			
14	3500							BLIND		X				X				
15	3501						X			X				X				

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

5-15-2011

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

0043047

[redacted]

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Gestn	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	3502						X			X						X		
17	3503							DM		X				X				
18	3504						X			X				X				
19	3505						X			X						X		
20	3506						X			X				X				
21	3507						X			X				X				
22	3508						X			X				X				
23	3509						X			X						X		
24	3510		X							X				X				
25	3511				X					X				X				
26	3512		X						X					X				
27	3513		X							X						X		
28	3514		X						X					X				
29																		
30																		
31																		
32																		
33																		
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S[redacted] information contained in this form is true and correct to the best of my knowledge.)

2 of 2

[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

24

204308

TIME HORSES LOADED ON CONVEYANCE: 6:30

DATE: 5/1/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

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

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3257		X							X						X		
2	3258								X					X				
3	3259									X				X				
4	3260								X							X		
5	3261								X					X				
6	3262									X				X				
7	3263		X						X					X				
8	3264						X			X						X		
9	3265		X							X					X			
10	3266		X						X							X		
11	3267		X							X				X				
12	3268		X							X				X				
13	3269							Roan		X				X				
14	3270						X			X				X				
15	3271						X			X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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) 5/1/2011

[redacted]

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

74H

FORM APPROVED
OMB NO. 0579-0160

L043038

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3272					X				X						X		
17	3273		X							X				X				
18	3276		X						X					X				
19	3277		X						X					X				
20	3278				X					X				X				
21	3279		X							X				X				
22	3280		X										Null			X		
23	3281		X						X							X		
24	3282			X						X				X				
25	3283		X							X						X		
26	3284			X						X				X				
27	3285		X							X						X		
28	3292						X			X					X			
29																		
30																		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

2 - 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

76

TIME HORSES LOADED ON: 10:00am [redacted] DATE: May 3/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3291						X		X						X			
2	3256						X			X				X				
3	3282						X			X						X		
4	3287		X							X				X				
5	3288		X							X				X				
6	3290				X					X				X				
7	3310		X										SN	X				
8	3316		X										SN			X		
9	3319						X			X						X		
10	3323		X							X				X				
11	3325		X										SB			X		
12	3326						X			X						X		
13	3327						X			X						X		
14	3328		X							X				X				
15	3332		X										SN	X				

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

SIGNATURE [redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L043040

TIME HORSES LOADED: 10:00am [redacted] (b)(6) DATE: Feb 3/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	3191						X		X						X			
2	3256						X			X				X				
3	3286						X			X						X		
4	3287		X							X				X				
5	3288		X							X				X				
6	3290				X					X				X				
7	3316		X										SN	X				
8	3316		X										SN			X		
9	3319						X			X						X		
10	3323		X							X				X				
11	3325		X										SB			X		
12	3326						X			X						X		
13	3327						X			X						X		
14	3328		X							X				X				
15	3332		X										SN	X				

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

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]MENT AND THE INFORMATION IN IT AS COMPLETED [redacted]CATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

L043040

SFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Other	BREED/TYPE TB	QT	Draft	Poor	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	3336						X					SN			X		
17	3338		X						X						X		
18	3339		X						X				X				
19	3340		X									SN	X				
20	3345		X					X					X				
21	3348						X		X						X		
22	3350				X			X							X		
23	3353		X									SN	X				
24	3354		X									SN			X		
25	3355		X									SN			X		
26	3357						X			X					X		
27	3358		X									SN			X		
28	3360						X					CB	X				
29	3361						X		X				X				
30	3364		X						X						X		
31	3365		X						X						X	off	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
40																	
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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)

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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96

FORM APPROVED
OMB NO. 0579-0160

L043061

TIME HORSES LOADED O [redacted] (b)(6) DATE June 7/11

12:00am

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Gray	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3822		X						X						X			
2	3831		X								X			X				
3	3832		X								X			X				
4	3836						X				X			X				
5	3838						X				X			X				
6	3839							PM			X					X		
7	3843		X								X					X		
8	3844						X				X			X				
9	3845		X								X					X		
10	3850				X						X					X		
11	3859						X				X					X		
12	386[illegible]							PM			X			X				
13	3869		X								X			X				
14	3870		X								X			X				
15	387[illegible]		X								X					X		off

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V[redacted]

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.

96

FORM APPROVED OMB NO. 0579-0160

L043061

USFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestnut	Other	YB	QT	DraR	Pony	Other	Mare	Stal	Geld		
16	3873		X							X						X		
17	3880		X							X						X		
18	3883					X				X						X		
19	3884					X				X						X		
20	3888							PAI		X				X				
21	3891						X			X						X		
22	3893					X				X						X		
23	3898				X					X						X		
24	3900				X					X				X				
25	3902		X						X					X				
26	3903						X			X						X		
27	3904		X							X						X		
28	3907					X				X				X				
29	3916		X				X			X				X				
30	3917								X							X		
31																		
32																		
33																		
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[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED O[redacted] (b)(6)
11:00am

DATE
June 14/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Shippensburg,Pa.

V[redacted] (b)(6)

NAME OF AUCTION/MARKET
Rotz's Livestock

C[redacted]
Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME
Viande Richelieu Meat Inc.

STREET ADDRESS
457 Airport Rd.

STREET ADDRESS
595 Rue Royale

CITY, STATE, ZIP CODE
Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE
Massueville,QU. Canada

AREA CODE & TELEPHONE NO.
717-532-5691

AREA CODE & TELEPHONE NO.
450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3772							DN		X				X				
2	3920						X			X				X				
3	3922		X							X						X		
4	3923				X					X				X				
5	3924							PL		X				X				
6	3926						X						DS	X				
7	3927						X			X				X				
8	3930		X							X						X		
9	3931		X							X						X		
10	3934		X										SW			X		
11	3935						X			X				X				
12	3936		X						X							X		
13	3938		X						X					X				
14	3940		X							X						X		
15	3941					X				X						X		

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

SIGNATURE
[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004)

Previous editions are obsolete

PART 1 - INSPECTOR

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

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

[redacted]

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FORM APPROVED OMB NO. 0579-0160

	PREFIX	NO.	Bay	Grey	Blk.	Fawn	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
			BREED/TYPE											SEX				
16	3942		X							X						X		
17	3944		X							X						X		
18	3945		X							X				X				
19	3946					X				X						X		
20	3947						X			X				X				
21	3948		X							X				X				
22	3949						X			X				X				
23	3950		X							X				X				
24	3951		X							X				X				
25	3952		X							X				X				
26	3953		X							X						X		
27	3954							R Roan		X						X		
28	3955						X			X						X		
29	3956		X							X				X				
30	3957		X							X				X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[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

1043063

:00pm [redacted] ADED ON CONVEYAN [redacted] ATE [redacted] Shippensburg,Pa.

[redacted]

AME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	3921		X						X							X		
2	3925					X				X				X				
3	3927					X				X						X		
4	3928					X				X				X				
5	3932							PAI		X						X		
6	3933		X							X						X		
7	3937		X						X							X		
8	3939		X						X							X		
9	3943					X				X					X		offer	
10	3958		X							X				X				
11	3959		X							X						X	[redacted]	
12	3960						X			X				X				
13	3961					X				X				X				
14	3962							[illegible]	X					X				
15	3963							APP		X						X		

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

SIGNATURE [redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 2

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE

F (b)(6) TRAVEL TO A SI (b)(6) FACILITY
CONTINUATION

(b)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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.	BREED/TYPE Bay	Grey	Blk.	Fin/o	Steer	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	3964		X							X						X		
17	3965					X				X						X		
18	3966		X						X					X				
19	3967							PM		X						X		
20	3968		X							X				X				
21	3969					X				X						X		
22	3971						X			X				X				
23	3972							Dun		X				X				
24	3973						X			X				X				
25	3974				X					X				X				
26	3975						X			X				X				
27	3976						X			X				X				
28	3977						X			X				X				
29	3978			X						X				X				
30	3980						X			X						X		
31	3981		X							X				X				
32																		
33																		
34																		
35																		
36																		
37																		
38																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

98

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

L043063

2pm [redacted] LOADED ON CONVEYANCE switch 2:30pm [redacted] DATE June 16/17/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sheeln~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3921		X						X							X		
2	3925					X				X				X				
3	3927					X				X						X		
4	3928					X				X				X				
5	3932							PAI		X						X		
6	3933		X							X						X		
7	3937		X						X							X		
8	3939		X						X							X		
9	3943					X				X					X		off	
10	3958		X							X				X				
11	3959		X							X						X		
12	3960						X			X				X				
13	3961					X				X				X				
14	3962							Buller	X					X				
15	3963							APP		X						X		

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

SIGNATURE [redacted]

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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98

FORM APPROVED OMB NO. 0579-0160

L043063

SFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Sorrel	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	3964		X							X						X		
17	3965					X				X						X		
18	3966		X						X					X				
19	3967							PAI		X						X		
20	3968		X							X				X				
21	3969					X				X						X		
√22	3971						X			X				X				
√23	3972							DUN		X				X				
√24	3973						X			X				X				
√25	3974				X					X				X				
√26	3975						X			X				X				
√27	3976						X			X				X				
√28	3977						X			X				X				
√29	3978			X						X				X				
√30	3980						X			X						X		
√31	3981		X							X				X				
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

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

L043064

TIME HORSES LOADI 7:00AM [redacted] (b)(6) DATE June 9/11	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sor ~~Green~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3911		X						X						X			
2	3985						X			X						X		
3	3985		X							X						X		
4	3986		X							X				X				
5	3990							Pi		X						X		
6	3996						X			X								
7	3998							Pi		X				X				
8	3999				X					X				X				
9	4001						X			X				X				
10	4003						X			X				X				
11	4004						X			X				X				
12	4006		X							X						X		
13	4007		X							X				X				
14	4008		X							X				X				
15	4009						X			X						X		

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

94

FORM APPROVED OMB NO. 0579-0160

L043064

ISFQ

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	SOC	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	4010						X			X						X		
17	4011							Pal		X				X				
18	4012						X			X						X		
19	4013						X			X				X				
20	4014							Pal		X				X				
21	4015						X			X				X				
22	4016		X							X				X				
23	4017		X							X				X				
24	4021					X				X						X		
25	4032							AP		X				X				
26	4033		X							X				X				
27	4034							AP		X				X				
28	4037		X							X				X				
29	4040		X							X						X		
30	4041		X							X				X				
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

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

1043056

TIME HORSES LOADED: 7:00am [redacted] (b)(6)

DATE: Jun 19/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Gleam	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3911		X						X						X			
2	3983						X			X						X		
3	3985		X							X						X		
4	3986		X							X				X				
5	3990							Pal		X						X		
6	3996						X			X								
7	3998							Pal		X				X				
8	3999				X					X				X				
9	4001						X			X				X				
10	4005						X			X				X				
11	4004						X			X				X				
12	4006		X							X						X		
13	4007		X							X				X				
14	4008		X							X				X				
15	4009						X			X						X		

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRA[redacted]ER FACILITY

7:00am (CO[redacted] June 19

[redacted]

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

FORM APPROVED OMB NO. 0579-0160

										BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk	Palo	Black	Other	Yr	BT	Draft	Pony	Other	Mare	Stal	Geld		
16	4010						X			X						X		
17	4011							P.A		X				X				
18	4012						X			X						X		
19	4013						X			X				X				
20	4014							P.A		X				X				
21	4015						X			X				X				
22	4016		X							X				X				
23	4017		X							X				X				
24	4021					X				X						X		
25	4032							AP		X				X				
26	4033		X							X				X				
27	4034							AP		X				X				
28	4037		X							X				X				
29	4040		X							X						X		
30	4041		X							X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

L043065

TIME HORSES LOADED: 11:30am [redacted] (b)(6)

DATE: June 22/11

[redacted] (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3976		X						X						X			
2	3982						X			X						X		
3	3984						X			X				X				
4	3987		X							X				X				
5	3989						X			X				X				
6	3995						X			X						X		
7	3997							P.I		X				X				
8	4000						X			X				X				
9	4018						X			X				X				
10	4019		X						X					X				
11	4020		X						X							X		
12	4022				X					X						X		
13	4023						X			X				X				
14	4024		X							X				X				
15	4025						X			X				X				

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

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

11:30am (CO[redacted]T) June 22/11

(b)(6)

(b)(6)

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

100

FORM APPROVED OMB NO. 0579-0160

5043065

	[redacted]	[redacted]	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	4029							AP		X						X		
17	4030						X			X				X				
18	4031		X							X				X				
19	4035				X					X				X				
20	4036		X										SN			X		
21	4038		X						X					X				
22	4039					X				X				X				
23	4042						X			X				X				
24	4043						X			X				X				
25	4044							Pal		X				X				
26	4050							Pal		X						X		
27	4951						X			X						X		
28	4952			X						X						X		
29	4953		X							X				X				
30	4954						X			X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

100

L043065

TIME HORSES LOADED: 11:30am [redacted] (b)(6)

DATE: June 22/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Albino~~ SOL	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3970		X						X						X			
2	3982						X			X						X		
3	3984						X			X				X				
4	3987		X							X				X				
5	3989						X			X				X				
6	3995						X			X						X		
7	3997							Pal		X				X				
8	4000						X			X				X				
9	4018						X			X				X				
10	4019		X						X					X				
11	4020		X						X							X		
12	4022				X					X						X		
13	4023						X			X				X				
14	4024		X							X				X				
15	4025						X			X				X				

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

SIGNATURE [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

Heure de réception Juin22. 7:40PM - 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.

100

FORM APPROVED OMB NO. 0579-0160

L043065

USFQ

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include prescription
			Bay	Gray	Blk.	Fldb	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	4029							AP		X						X		
17	4030						X			X				X				
18	4031		X							X				X				
19	4035				X					X				X				
20	4036		X										SN			X		
21	4038		X						X					X				
22	4039					X				X				X				
23	4042						X			X				X				
24	4043						X			X				X				
25	4044							Pal		X				X				
26	4050							Pal		X						X		
27	4951						X			X						X		
28	4952			X						X						X		
29	4953		X							X				X				
30	4954						X			X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

réception Juin22. 7:40PM

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.

101

FORM APPROVED OMB NO. 0579-0160

5033066

TIME HORSES LOADED ON CONVEYANCE: 6:30 A.m.

DATE: June 26.

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	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	3979					X				X				X				
✓ 2	3989					X				X						X		
✓ 3	3988		X							X				X				
✓ 4	3991		X							X				X				
✓ 5	3992			X						X				X				
✓ 6	3993		X							X						X		
✓ 7	3994					X				X				X				
✓ 8	4002		X							X				X				
✓ 9	4005		X							X				X				
✓ 10	4026						X			X				X				
✓ 11	4027						X			X				X				
✓ 12	4028					X				X				X				
✓ 13	4045		X							X				X				
✓ 14	4046		X							X				X				
✓ 15	4048		X							X						X		

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

SIGNAT[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS[redacted]

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)

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

FORM APPROVED OMB NO. 0579-0160

(b)(6)

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sheep	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	4049						X			X				X				
17	4051		X										SN	X				
18	4052						X			X						X		
19	4053						X			X						X		
20	4057		X							X				X				
21	4058		X							X						X		
22	4059		X							X				X				
23	4060		X							X				X				
24	4064						X			X						X		
25	4065		X							X						X		
26	4067						X			X						X		
27	4069						X			X				X				
28	4070		X						X							X		
29	7966					X					X			X				
30	7967		X										SN			X		
31	7968		X										SN	X				
32	4062						X			X				X				
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGN (b)(6) the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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
1043067

TIME HORSES LOADE [redacted] (b)(6)
11:30am

DATE Jan 28/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET
Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME
Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME
Viande Richelieu Meat Inc.

STREET ADDRESS
457 Airport Rd.

STREET ADDRESS
595 Rue Royale

CITY, STATE, ZIP CODE
Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE
Massueville,QU. Canada

AREA CODE & TELEPHONE NO.
717-532-5691

AREA CODE & TELEPHONE NO.
450-788-2490

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

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

USFP

	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	4054						X			X				X				
2	4055		X							X				X				
3	4056						X			X				X				
4	4061				X					X				X				
5	4062						X			X						X		
6	4063				X					X				X				
7	4066						X			X				X				
8	4071						X			X				X				
9	4072						X			X				X				
10	4074		X										Pw	X				
11	4075		X										W			X		
12	4076							Pc		X						X		
13	4077		X										Pw			X		
14	4078						X						Pc			X		
15	4079		X										Pc	X				

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

SIGNA [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TR[redacted]UGHTER FACILITY
[redacted] (CO[redacted]HEET)

(b)(6)

(b)(6)

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

FORM APPROVED
OMB NO.
0579-0160
0583067

	Tag #	No.	BREED/TYPE Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Dual	Poor	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	4080						X						SB			X		
17	4081		X										SN		X			
18	4082		X										SN			X		
19	4083		X										SN	X				
20	4084		X										SN	X				
21	4085					X				X				X		+		
22	4086		X										SN			X		
23	4087							Roan			X			X				
24	4088					X				X				X				
25	4089						X			X						X		
26	4090						X			X						X		
27	4091						X			X				X				
28	4092		X							X				X				
29	4093				X					X				X				
30	4094					X				X				X				
31	4095						X			X						X		
32																		
33																		
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SIG[redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L061199

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 1/28/00

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] RIVER'S NAME (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USEA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8951						X			X						X		
2	8952		X										S/N			X		
3	8953						X						S/B			X		
4	8954		X										S/N	X				
5	8955						X						mall			X		
6	8956						X				X					X		
7	8957		X								X			X				
8	8958						X						mall	X				
9	8959		X										S/N	X				
10	8960					X				X						X		
11	8961						X				X			X				
12	8962		X										S/N			X		
13	8963						X						S/N			X		
14	8964					X							S/N			X		
15	8965						X						S/N			X		

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

SIGNAT[redacted] (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160
2/06/99

USEF

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8966		X										S/N			X		
17	8967		X							X			S/N	X				
18	5968					X				X				X				
19	8969		X										S/N			X		
20	8970		X										S/N			X		
21	8971		X										S/N			X		
22	8972		X										S/N	X				
23	8973						X						S/N			X		
24	8974						X						S/N	X				
25	8975		X										S/N	X				
26	8976		X										S/N	X				
27	8979		X						X						X			
28	8135		X							X				X				
29																		
30																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

2061198

TIME HORSES LOADED ON CONVEYANCE: 6:00 PM

DATE: 01-26-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

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

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USDA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8086		X										S/N	X				
2	8095			X						X				X				
3	8110		X							X						X		
4	8116		X							X				X				
5	8118					X				X				X				
6	8119						X			X						X		
7	8121						X			X						X		
8	8122					X				X				X				
9	8123					X				X				X				
10	8124					X				X				X				
11	8125						X			X				X				
12	8126						X			X				X				
13	8127						X			X						X		
14	8128					X				X				X				
15	8129							AP		X				X				

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

SIGNATURE (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

A061198

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8130				X					X						X		
17	8131		X							X				X				
18	8132					X				X				X				
19	8136					X	X			X					X	X		
20	8139						X			X						X		
21	8140						X			X				X				
22	8142			X						X				X				
23	8144							PAL		X						X		
24	8145						X			X						X		
25	8146					X				X				X				
26	8151							PAL		X				X				
27	8152					X				X				X				
28	8160		X							X						X		
29	8179						X			X				X				
30	5891		X						X					X				
31																		
32																		
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34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

(b)(6)

VS FOR
(SEP 2002)

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)

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FORM APPROVED OMB NO. 0579-0160

4061197

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 15257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
USEA			Bay	Grey	Blk.	Pinto	~~Chesth~~ Socy	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8101		X							X				X				
2	8103						X			X						X		
3	8105						X			X				X				
4	8106		X							X				X				
5	8014						X			X				X				
6	8115		X							X				X				
7	8117						X			X				X				
8	8133		X							X				X				
9	8134		X							X				X				
10	~~8135~~		X							X				X				
11	8137		X							X				X				
12	8138						X				X			X				
13	8141						X				X			X				
14	8143							Roan			X				X			
15	8163						X		X					X				

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

SIGNATUR [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER/[redacted]fy that the information contained in this form is true and correct to

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

2061197

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8164						X		X					X				
17	8165		X							X				X				
18	8166		X						X					X				
19	8167		X						X					X				
20	8168		X							X				X				
21	8169		X						X					X				
22	8170		X							X				X				
23	8171		X						X							X		
24	8172		X						X					X				
25	8173		X						X					X				
26	8174		X						X							X		
27	8175		X						X							X		
28	8176		X						X					X				
29	8177		X						X							X		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada
Canada

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SIG[redacted]ertify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS
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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

2061194

TIME HORSES LOADED ON CONVEYANCE: 9:00pm

DATE: 1/24/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] VER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8076						X		X					X				
2	8077						X		X					X				
3	8078		X						X							X		
4	8079						X			X				X				
5	8080						X			X				X				
6	8081				X								S/N			X		
7	8082						X			X						X		
8	8083		X							X				X				
9	8084							APPI		X				X				
10	8085		X							X				X				
11	8087		X										S/N			X		
12	8088						X						S/B	X				
13	8091					X				X				X				
14	8093						X			X				X				
15	8094						X			X				X				

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

SIGNATURE [redacted]

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

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the be[redacted])

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

2/06/94

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	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8096		X							X				X				
17	8097						X			X				X				
18	8098						X			X				X				
19	8099						X			X				X				
20	8100		X							X				X				
21	8102		X							X				X				
22	8104				X					X					X			
23	8107						X			X						X		
24	8108		X							X				X				
25	8109							BKSW		X						X		
26	8111							Appl		X				X				
27	8112							Appl		X				X				
28	8113							PAL						X				
29																		
30																		
31																		
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SIGN[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FO[redacted]
(SEP [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)

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FORM APPROVED OMB NO. 0579-0160

2061195

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 1/21/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

USEA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7933		X									X			X			
2	8049		X							X				X				
3	8050						X			X						X		
4	8051							PAL		X				X				
5	8052					X				X				X				
6	8053						X			X				X				
7	8054				X					X				X				
8	8055					X				X				X				
9	8056						X			X				X				
10	8057						X			X						X		
11	8058						X			X				X				
12	8059		X							X						X		
13	8060		X							X						X		
14	8061						X			X						X		
15	8063		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY [redacted] HIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGN [redacted] mation contained in this form is true and correct to the b [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F [redacted]

Previous editions are obslete

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

2061195

USEX

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOLT	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8063			X						X				X				
17	8064		X							X						X		
18	8065						X			X				X				
19	8066		X							X				X				
20	8067						X			X						X		
21	8068		X							X				X				
22	8069						X			X				X				
23	8070						X			X				X				
24	8071			X						X				X				
25	8072				X						X			X				
26	8073						X			X						X		
27	8074			X									Mull			X		
28	8075			X									C/B			X		
29																		
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31																		
32																		
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[redacted] ify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

L061193

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 1/19/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] RIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	7942		X							X						X		
2	7945						X				X			X				
3	7883						X		X					X				
4	8024						X						S/B			X		
5	8025		X										S/N	X				
6	8026		X										S/N	X				
7	8027							Buckskin		X				X				
8	8028					X				X				X				
9	8029						X			X				X				
10	8030				X					X						X		
11	8031		X							X				X				
12	8032					X				X				X				
13	8033					X				X						X		
14	8034							Roan		X				X				
15	8035						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS [redacted] EYANCE.

SIGNAT[redacted] (b)(6)

I HEREB[redacted] S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] rmation contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

2011'93

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
USEX			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8036					X				X						X		
17	8037			X					X							X		
18	8038						X			X				X				
19	8039						X			X						X		
20	8040						X			X				X				
21	8041			X						X					X			
22	8042			X						X				X				
23	8043		X							X				X				
24	8044							PAI		X						X		
25	8045						X			X						X		
26	8046					X				X				X				
27	8047						X			X				X				
28	8048						X			X				X				
29																		
30																		
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S[redacted]rtify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

V[redacted]
(SEP 2002)

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)

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L 060879
FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 01-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	~~Other~~ S/N	Mare	Stal	Geld		
1	7946		X							X				X				
2	7947						X			X						X		
3	7948					X				X						X		
4	7949				X					X				X				
5	8001						X			X				X				
6	8002		X							X				X				
7	8003						X			X				X				
8	8004		X							X						X		
9	8005			X						X				X				
10	8006		[redacted]					Appl		X				X				
11	8007		X							X			[redacted]	X				
12	8008		X										X			X		
13	8009		X										X	X				
14	80010						[redacted]				X			X				
15	8001						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS [redacted] EYANCE.

SIGNAT [redacted] (b)(6)

I HERE[redacted]IS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIG[redacted]ertify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

[redacted]

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8012		X							X						X		
17	8013		X							X						X		
18	8014		X							X						X		
19	8015						X			X	X			X				
20	8016		X							X						X		
21	8017						X			X				X				
22	8018		X							X				X				
23	8019						X			X				X				
24	8020							Appl		X				X				
25	8021		X							X				X				
26	8022		X							X				X				
27	8023						X			X				X				
28	7934		X						X						X			
29	7943						X			X				X				
30	7944		X							X						X		
31																		
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[redacted] ify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

(b)(6)

PAGE ____ OF ____

(SEP 2002)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

2060878

TIME HORSES LOADED ON CONVEYANCE: 12:00Am

DATE: 1/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] ER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
4SEX																		
1	7377						X			X						X		
2	7378							P1		X				X				
3	7379						X				X			X				
4	7380						X			X						X		
5	7381		X							X				X				
6	7382						X			X				X				
7	7383				X					X						X		
8	7384						X			X				X				
9	7385						X			X						X		
10	7386						X			X				X				
11	7387		X							X				X				
12	7388			X						X				X				
13	7389			X							X					X		
14	7390		X							X				X				
15	7391						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]EYANCE.

SIGNATURE [redacted]

I HEREBY AU[redacted]S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to the best [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

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	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7392						X			X				X				
17	7393						X			X						X		
18	7394						X			X						X		
19	7395			X						X						X		
20	7396		X							X						X		
21	7397			X									S/B			X		
22	7398				X					X						X		
23	7399		X							X						X		
24	7400		X							X						X		
25	5994		X							X						X		
26	5995						X			X						X		
27	5996						X			X						X		
28	5997		X							X						X		
29																		
30																		
31																		
32																		
33																		
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35																		
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S[redacted]at the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

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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)

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FORM APPROVED OMB NO. 0579-0160

2060897

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 1/11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] IVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

[redacted] NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [✓] Pregnant mares are not likely to foal (give birth) during the trip.
- [✓] Foals are older than 6 months of age.
- [✓] Horses are able to bear weight on all 4 limbs.
- [✓] Horses are not blind in both eyes.
- [✓] Horses are able to walk unassisted.

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	BLK.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE: TB	QT	Draft	~~Pony~~ S/N	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	7911							Appl		X				X				
2	7912		X							X				X				
3	7913		X							X						X		
4	7914		X							X						X		
5	7915			X						X						X		
6	7916			X					X					X				
7	7917		X							X						X		
8	7918						X						S/B	X				
9	7919		X						X							X		
10	7920		X						X						X			
11	7921		X									X		X				
12	7922		X									X		X				
13	7923		X									X		X				
14	7924		X									V		X				
15	7925		X									X		X		X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] the information contained in this form is true and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160
2060877

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
USEF			Bay	Grey	Blk.	Pinto	~~Ghostn~~ Scrn	Other	TB	QT	Draft	~~Pony~~ Sin	Other	Mare	Stal	Geld		
16	7927						X				X			X				
17	7928						X				X			X				
18	7929		X							X				X				
19	7930							Roan					mul			X		
20	7931						X		X							X		
21	7932		X						X							X		
22	7935		X				X			X						X		
23	7936				X					X						X		
24	7937						X			X				X				
25	7938						X			X						X		
26	7939		X							X						X		
27	7940		X						X							X		
28	7941						X		X					X				
29																		
30																		
31																		
32																		
33																		
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[redacted] at the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

F02600

TIME HORSES LOADED ON CONVEYANCE: 7:00 AM

DATE: 01-07-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport rd.

STREET ADDRESS: 595 Rue Rotale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USEX 1	7853						X			X						X		
2	7854					X				X						X		
3	7856		X							X						X		
4	7858						X			X				X				
5	7859					X				X				X				
6	7860			X						X						X		
7	7861		X							X				X				
8	7862		X							X				X				
9	7863			X						X				X				
10	7864						X			X						X		
11	7865						X			X				X				
12	7866				X					X				X				
13	7868						X			X				X				
14	7869				X					X				X				
15	7870						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted]

I HEREBY [redacted] OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

F02660

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ Sdl	Other	Mare	Stal	Geld		
16	7872						X			X				X				
17	7874			X						X				X				
18	7875					X				X				X				
19	7876		X							X				X				
20	7879		X						X							X		
21	7881		X						X					X				
22	7882		X						X					X				
23	7883						X		X					X				OFF
24	7885		X						X					X				
25	7886		X						X					X				
26	7888		X						X	X				/		X		
27	7890		X						X					X				
28	7891		X						X					X				
29	7892						X		X						X			
30	7893		X						X							X		OFF
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

F01600

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 01-07-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ S/H	Other	Mare	Stal	Geld		
USDA 1	7853						X			X						X		
2	7854					X				X						X		
3	7856		X							X						X		
4	7858						X			X				X				
5	7859					X				X				X				
6	7860			X						X						X		
7	7861		X							X				X				
8	7862		X							X				X				
9	7863			X						X				X				
10	7864						X			X						X		
11	7865						X			X				X				
12	7866				X					X				X				
13	7868						X			X				X				
14	7869				X					X				X				
15	7870						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted]SE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

F02600

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	TB	QT	Draft	~~Pony~~ SIL	Other	Mare	Stal	Geld		
16	7872						X			X				X				
17	7874			X						X				X				
18	7875					X				X				X				
19	7876		X							X				X				
20	7879		X						X							X		
21	7881		X						X					X				
22	7882		X						X					X				
23	7883						X		X					X				OFF
24	7885		X						X					X				
25	7886		X						X					X				
26	7888		X						X	X				/		X		
27	7890		X						X					X				
28	7891		X						X					X				
29	7892						X		X						X			
30	7893		X						X							X		OFF
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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)

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FORM APPROVED OMB NO. 0579-0160

206/379

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am

DATE: 02-03-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock Bruce Rotz

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8428			X						X				X				
2	8449							X		X				X				
3	8450		X										X	X				
4	8453							X		X						X		
5	8454							X		X				X				
6	8455							X		X						X		
7	8497							X		X				X				
8	8498		X						X					X				
9	8499							X		X						X		
10	8500					X				X						X		
11	8501				X								X			X		
12	8502							X		X				X				
13	8503		X							X				X				
14	8504				X					X				X				
15	8505					X				X								

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IT HAS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 3/3/2010

TIME 6:45

VS

Previous editions are obslete

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

2061379

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8506		X							X				X				
17	8507					X				X				X				
18	8509		X							X				X				
19	8510		X							X						X		
20	8511							X		X				X				
21	8512							X		X				X				
22	8513			X						X						X		
23	8514		X							X				X				
24	8515		X							X						X		
25	8516							X		X						X		
26	8532		X						X					X				
27	8546							X		X						X		
28	8561				X								X	X				
29	8562			X						X				X				
30	8563					X				X					X			
31																		
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SIGNATURE OF O[redacted] true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
INSPECTION DES ALIMENTS

VS FORM 10-13A
(SEP 2002)

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

L061380

TIME HORSES LOADED ON CONVEYANCE: 8:00 PM

DATE: 3-1-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airpott Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532=5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☐ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8549							X		X					X			
2	8550							X	X					X				
3	8551		X						X					X				
4	8552							X	X					X				
5	8553							X	X					X				
6	8554		X										X			X		
7	8555		X										X	X				
8	8556		X										X			X		
9	8557				X								X			X		
10	8558				X								X	X				
11	8559		X										X	X				
12	8560		X										X			X		
13	8851				X								X	X				
14	8852				X								X			X		
15	8853				X								X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUT[redacted]S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 02.03.2010

TIME 10h00

Previous editions are obslete

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

L06/380

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8854		X										X	X				
17	8855		X										X			X		
18	8856				X								X			X		
19	8857		X										X			X		
20	8858				X								X			X		
21	8859				X								X			X		
22	8860		X										X	X				
23	8861		X										X	X				
24	8862		X										X	X				
25	8863							X					X	X				
26	8864		X							X						X		
27	8865					X				X				X				
28	8866		X										X	X				
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SIGNA [redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

Canada

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(SEP 2

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8469						X			X						X		
2	8470						X						S/B	X				
3	8471						X				X			X				
4	8472						X				X					X		
5	8473		X						X					X				
6	8474						X			X						X		
7	8475		X										SN			X		
8	8476		X										SN	X				
9	8477		X						X					X				
10	8478		X						X					X				
11	8479		X						X					X				
12	8480		X				X		X					X				
13	8481		X										SN	X				
14	8482						X		X					X				
15	8483					X							C/B	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOUR[redacted]

SIGN[redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT [redacted] COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGL[redacted] USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN [redacted] $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

S[redacted] the information contained in this form is true and correct to t[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076
DATE 01/03/2010
TIME 7h00

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8484		X										CIB	X				
17	8485		X							X				X				
18	8486		X						X					X				
19	8487		X						X					X				
20	8488				X				X							X		
21	8489						X			X				X				
22	8490		X				X			X				X				
23	8491		X						X					X				
24	8492						X						SIB	X				
25	8493		X						X					X				
26	8494		X						X					X				
27	8495		X						X					X				
28	8496		X										SIB	X				
29	8451			X						X				X				
30	8452			X						X				X				
31																		
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[redacted] tify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

PAGE ____ OF ____

(SEP 2002)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00AM

DATE: 2/26/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8469						X			X						X		
2	8470						X						S/B	X				
3	8471						X				X			X				
4	8472						X				X					X		
5	8473		X						X					X				
6	8474						X			X						X		
7	8475		X										SN			X		
8	8476		X										SN	X				
9	8477		X						X					X				
10	8478		X						X					X				
11	8479		X						X					X				
12	8480		X				X		X					X				
13	8481		X										SN	X				
14	8482						X		X					X				
15	8483					X							C/B	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted] (b)(6)

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S[redacted]ormation contained in this form is true and correct to t[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 PM	DATE: 2-23-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

8517

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8456		X							X		/		X				
2	8457					X				X				X				
3	8458						X			X						X		
4	8459		X							X				X				
5	8460		X							X						X		
6	8461						X			X				X				
7	8462					X				X				X				
8	8463		X							X						X		
9	8464					X				X						X		
10	8465						X			X				X				
11	8466						X			X				X				
12	8467						X			X						X		
13	8468		X							X			S/N		X			
14	8517		X										S/N	X				
15	8518							Appl		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

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			Bay	Grey	Blk.	Pinto	~~Cheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8519							Appl		X						X		
17	8520				X					X						X		
18	8521						X			X						X		
19	8522						X			X						X		
20	8523						X		X					X				
21	8524			X						X						X		
22	8525						X			X				X				
23	8526							Appl		X				X				
24	8527						X			X						X		
25	8528						X			X						X		
26	8529					X				X						X		
27	8530		X							X				X				
28	8531			X									Appl			X		
29																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 pm

DATE: 2-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa.

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8352					X				X				X				
2	8354					X				X						X		
3	8361					X				X				X				
4	8362					X							X	X				
5	8366							X				X		X				
6	8367							X				X		X				
7	8368		X									X				X		
8	8370		X									X				X		
9	8371							X				X		X				
10	8372					X				X				X				
11	8377							X				X				X		
12	8378							X				X		X				
13	8381		X										X			X		
14	8382							X				X				X		
15	8383							X				X		X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNA [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

V [redacted] (b)(6)

Previous editions are obslete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8385							X				X				X		
17	8386							X				X				X		
18	8387							X				X				X		
19	8389					X						X				X		
20	8390					X						X		X				
21	8391							X				X		X				
22	8392							X				X		X				
23	8393							X				X		X				
24	8395					X						X		X				
25	8396							X				X		X				
26	8397							X				X		X				
27	8412		X							X						X		
28	8413		X										X			X		
29	8415							X					X			X		
30	8418							X			X					X		
31	8419							X		X				X				
32	8420		X										X	X				
33	8421							X					X			X		
34	8422							X	X							X		
35	8423					X				X				X				
36	8424		X										X	X				
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FO
(SEP 2002)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 PM

DATE: 2-18-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz 6 ~~Rotz's Livestock~~

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☐ Horses are able to bear weight on all 4 limbs.
- ☐ Foals are older than 6 months of age.
- ☐ Horses are not blind in both eyes.
- ☐ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8325							X		X				X				
2	8326							X		X				X				
3	8353		X										X			X		
4	8355		X										X			X		
5	8356					X				X				X				
6	8357							X		X				X				
7	8358					X				X						X		
8	8360							X		X					X			
9	8363							X		X				X				
10	8364							X		X				X				
11	8365		X									X				X		
12	8369							X				X		X				
13	8373							X				X		X				
14	8374							X				X		X				
15	8375		X									X		X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

[redacted] (b)(6)

DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8376					X						X				X		
17	8379							X				X		X				
18	8380							X				X		X				
19	8384							X				X				X		
20	8388							X				X		X				
21	8394							X				X		X				
22	8398							X				X		X				
23	8399							X				X		X				
24	8400							X				X		X				
25	8401							X		X				X				
26	8402							X		X				X				
27	8403		X							X				X				
28	8404							X		X				X				
29	8405					X				X				X				
30	8406							X		X				X				
31	8407							X		X						X		
32	8408					X				X				X				
33	8409							X		X				X				
34	8410					X				X				X				
35																		
36																		
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[redacted] tained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

2061351

TIME HORSES LOADED ON CONVEYANCE: 8pm	DATE: 2-15-2010
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☐ Horses are able to bear weight on all 4 limbs.
- ☐ Foals are older than 6 months of age.
- ☐ Horses are not blind in both eyes.
- ☐ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SRY	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8288		X				X						SN			X		
2	8289		X				X			X				X				
3	8290						X			X				X				
4	8295							PAL		X				X				
5	8296		X						X							X		
6	8297			X					X					X				
7	8298						X			X				X				
8	8299		X							X						X		
9	8300						X			X						X		
10	8301						X			X				X				
11	8302						X			X				X				
12	8303		X						X					X				
13	8304						X		X					X				
14	8306			X									Null	X				
15	8307		X										SN	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREBY [redacted] E THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the be[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

2061351

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8308				X						X					X		
17	8309		X										SN			X		
18	8310		X										SN	X				
19	8311		X										SN	X				
20	8312		X										SN			X		
21	8313		X										SN	X				
22	8314		X										SN			X		
23	8315		X										SN			X		
24	8305						X			X						X		
25	8294		X							X					X			
26	8316		X							X				X				
27	8317		X							X				X				
28	8318		X							X				X				
29																		
30																		
31																		
32																		
33																		
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[redacted]IPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

PAGE ___ OF ___

(SEP 2002)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L061353

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 02-16-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☐ Horses are able to bear weight on all 4 limbs.
- ☐ Foals are older than 6 months of age.
- ☐ Horses are not blind in both eyes.
- ☐ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8178		X							X					X			
2	8319		X						X							X		
3	8320		X							X						X		
4	8321					X				X						X		
5	8323		X							X						X		
6	8324							X		X						X		
7	8327			X					X					X				
8	8328							X	X					X				
9	8330					X				X						X		
10	8331		X										X	X				
11	8332		X										X			X		
12	8333							X		X						X		
13	8334		X							X						X		
14	8335							X		X				X				
15	8336		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

L06 1353

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8337							X		X						X		
17	8338							X		X				X				
18	8339							X		X						X		
19	8340		X										X	X				
20	8341					X				X				X				
21	8342		X							X				X				
22	8343							X		X				X				
23	8344							X		X				X				
24	8345			X						X						X		
25	8346							X		X				X				
26	8347							X		X						X		
27	8348							X		X				X				
28	8349		X							X						X		
29	8350		X							X						X		
30	8351		X							X						X		
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

V

(SEP 2002)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L06/352

TIME HORSES LOADED ON CONVEYANCE: 7:00 AM

DATE: 02-09-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz Bruce Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Palom~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8263			X						X				X				
2	8264						X			X				X				
3	8265						X			X						X		
4	8266							APP		X						X		
5	8267		X							X				X				
6	8268					X				X						X		
7	8269		X							X				X				
8	8270						X			X						X		
9	8271		X							X				X				
10	8272						X			X				X				
11	8273		X							X						X		
12	8274						X			X				X				
13	8275							APP		X						X		
14	8276						X						mul			X		
15	8277						X				X					X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted] THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

2061352

USET

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8278		X							X				X				
17	8279		X										SN			X		
18	8280						X						SB			X		
19	8281						X						SN			X		
20	8282		X										SN			X		
21	8283		X										SB			X		
22	8284						X						SN			X		
23	8285		X										SN			X		
24	8286		X										SN			X		
25	8287		X						X							X		
26	8210					X				X					X			
27	8215						X			X			X					
28	8291		X							X				X				
29	8292		X							X						X		
30	8293						X			X				X				
31																		
32																		
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[redacted] tify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

2060802

TIME HORSES LOADED ON CONVEYANCE: 9:30 pm.

DATE: 2-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz ~~Rotz's Livestock~~

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEX 1	8212		X							X				X				
2	8215						X			X				X				
3	8236						X			X				X				
4	8237						X			X				X				
5	8238						X				X			X				
6	8239						X			X						X		
7	8240		X							X						X		
8	8241						X			X				X				
9	8242					X				X				X				
10	8243					X				X				X				
11	8244						X			X				X				
12	8245		X							X						X		
13	8246							APP		X						X		
14	8247					X				X				X				
15	8248		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b)(6)

I HEREBY [redacted]E THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

Previous editions are obslete

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

2060802

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Sheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8249					X				X				X				
17	8250		X							X				X				
18	8251			X						X						X		
19	8252					X	X			X				X				
20	8253		X							X				X				
21	8254						X			X						X		
22	8255						X			X						X		
23	8256		X							X						X		
24	8257		X							X				X				
25	8258						X			X						X		
26	8259							APP				X		X				
27	8260						X					X		X				
28	8261				X							X		X				
29	8262			X								X		X				
30																		
31																		
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[redacted] hat the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

2060804

TIME HORSES LOADED ON CONVEYANCE: 9:30 PM

DATE: 2-4-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USEA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8178		X						X						X			
2	8193		X						X					X				
3	8194		X							X				X				
4	8195				X					X				X				
5	8196						X			X						X		
6	8197		X						X							X		
7	8198		X						X					X				
8	8199		X						X							X		
9	8211							APP		X				X				
10	8213							APP		X				X				
11	8214					X				X				X				
12	8218						X			X				X				
13	8219						X			X						X		
14	8220		X							X						X		
15	8221						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREBY [redacted] UMENT AND THE INFORMATION IN IT AS COMPLET[redacted] FICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the b[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 5-02-2010

TIME 11 hrs

VS F[redacted]

Previous editions are obslete

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

L060804

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chstn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8222		X							X						X		
17	8223		X							X				X				
18	8224		X							X				X				
19	8225		X						X					X				
20	8226		X						X					X				
21	8227		X						X					X				
22	8228						X				X					X		
23	8229		X						X					X				
24	8230		X						X							X		
25	8231						X		X							X		
26	8232		X										S/N			X		
27	8233		X										S/N			X		
28	8234		X										S/N	X				
29	8235						X						S/N			X		
30	8216						X			X				X				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

2060803

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 02-02-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USET	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
1	7700						X				X				X			
2	8147					X				X						X		
3	8148						X			X				X				
4	8150		X									X		X				
5	8153		X							X						X		
6	8154		X							X				X				
7	8155			X						X				X				
8	8156		X							X				X				
9	8157		X							X				X				
10	8158		X							X				X				
11	8159		X							X				X				
12	8162				X					X						X		
13	8180		X									X		X				
14	8181					X				X				X				
15	8182		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY A[redacted]CUMENT AND THE INFORMATION IN IT AS COMPLETE[redacted]FICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

1060803

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Ghostn~~ SOY	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
~~16~~	8183						X			X				X				
~~17~~	8184				X					X				X				
~~18~~	8185						X			X						X		
~~19~~	8186		X							X				X				
~~20~~	8187						X			X						X		
21	8201		X									X				X		
~~22~~	8202		X									X				X		
~~23~~	8203		X									X				X		
~~24~~	8204						X						S/B			X		
~~25~~	8205				X							X		X				
~~26~~	8206						X						C/B	X				
~~27~~	8207		X									X		X				
28	8208		X									X		X				
~~29~~	8192							AHI		X						X		
30	8209						X					X		X				
31																		
32																		
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S [redacted] at the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

L0612GO

TIME HORSES LOADED ON CONVEYANCE: 9 PM	DATE: 2-1-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
V [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: ~~Bruce Rotz Rotz's Livestock~~	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu MeatIInc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
USE			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	8977		X									X		X				
2	8978				X							X		X				
3	8979		X									X				X		
4	8980		X									X		X				
5	8981						X					X				X		
6	8982		X									X				X		
7	8983		X									X		X				
8	8984				X							X		X				
9	8985		X									X				X		
10	8986		X									X				X		
11	8987							Appl		X				X				
12	8988				X							X		X				
13	8989					X				X						X		
14	8990						X				X					X		
15	8991		X									X				X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU [redacted] (b)(6)

I HEREB [redacted] OCUMENT AND THE INFORMATION IN IT AS COMPLE [redacted] LSIFICATION OF THIS FORM OR KNOWINGLY USING A [redacted] MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V [redacted]

Previous editions are obslete

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

2061200

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	~~Other~~ S/N	Mare	Stal	Geld		
USDA 16	8992		X										X			X		
17	8993		X										X			X		
18	8994						X			X				X				
19	8995							Agi		X					X			
20	8996						X				X			X				
21	8997						X			X				X				
22	8998						X			X				X				
23	8999						X			X				X				
24	9000		X							X				X				
25	8189		X							X						X		
26	8190						X			X				X				
27	8191						X			X				X				
28	8188		X							X				X				
29																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

PAGE ____ OF ____

(SEP 2002)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L660811

TIME HORSES LOADED ON CONVEYANCE: 730 AM

DATE: 3/31/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

C[redacted]

Bruce K. Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chesth~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9105		X							X				X				
2	9116				X					X						X		
3	9119						X			X						X		
4	9130		X							X				X				
5	9131						X			X				X				
6	9138		X									X		X				
7	9139				X							X				X		
8	9140						X					X				X		
9	9141		X									X		X				
10	9142		X									X				X		
11	9143		X									X		X				
12	9144		X									X				X		
13	9145						X					X				X		
14	9146		X									X				X		
15	9147		X									X				X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted]

I HEREBY [redacted]ENT AND THE INFORMATION IN IT AS COMPLET[redacted]ATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS [redacted]

Previous editions are obslete

PART 2 - OWNER/SHIPPER

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

20060811

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Beef	Other	Mare	Stal	Geld		
16	9148		X									X		X				
17	9149		X									X		X				
18	9150		X									X		X				
19	9201		X									X				X		
20	9203						X			X				X				
21	9204					X				X				X				
22	9205		X							X				X				
23	9206		X							X					X			
24	9207		X						X					X				
25	9208		X						X					X				
26	9209		X						X					X				
27	9210		X						X					X				
28	9211		X						X					X				
29	9102	9102					X		X		X			X		X		
30	9126	9126					X		X					X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Canada

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

2060814

TIME HORSES LOADED ON CONVEYANCE: 7:30 AM

DATE: 03-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Ghostn~~ SOCT	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	8916		X						X					X				
2	8917		X						X							X		
3	8918		X						X							X		
4	8919						X			X				X				
5	8920		X						X							X		
6	8921					X				X				X				
7	8922		X						X					X				
8	8923		X						X							X		
9	8924						X		X					X				
10	8925						X		X					X				
11	8926		X						X					X				
12	8927		X						X							X		
13	8928		X						X					X				
14	8929						X		X					X				
15	8930						X		X							X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]CUMENT AND THE INFORMATION IN IT AS COMPLETED [redacted]FICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada Government du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORI[redacted] Previous editions are obslete

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

060814

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8931						X		X							X		
17	8932						X		X							X		
18	8933						X						HF	X				
19	8934						X			X						X		
20	8935						X			X						X		
21	8936		X									X				X		
22	8937		X									X				X		
23	8938						X			X				X				
24	8939					X				X					X			
25	8940		X									X		X				
26	8941		X						X							X		
27	8942						X		X							X		
28	8943			X							X			X				
29	9215		X						X							X		
30	9217		X						X							X		
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE OPERATOR TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

G29751

TIME HORSES LOADED ON CONVEYANCE: 8pm

DATE: 3-29-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	8888				X							X				X		
2	8889						X					X				X		
3	8890		X									X				X		
4	8891		X								X					X		
5	8892		X									X				X		
6	8893		X									X				X		
7	8894						X					X				X		
8	8895		X									X		X				
9	8896				X							X		X				
10	8897						X			X				X				
11	8898		X									X				X		
12	8899		X									X		X				
13	8900		X									X				X		
14	8901		X									X				X		
15	8902				X							X				X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]CUMENT AND THE INFORMATION IN IT AS COMPLETED [redacted]SIFICATION OF THIS FORM OR KNOWINGLY USING A FAL[redacted]MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

VS FORM [redacted] Previous editions are obslete

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

G29751

SFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sheen	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8903		X								X					X		
17	8904		X									X				X		
18	8905		X									X				X		
19	8906						X					X				X		
20	8907		X									X		X				
21	8908		X									X		X				
22	8909				X							X				X		
23	8910						X			X				X				
24	8911						X			X					X			
25	8912						X			X						X		
26	8913							P/M		X						X		
27	8914						X			X				X				
28	8915						X				X			X				
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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)

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

G29752

TIME HORSES LOADED ON CONVEYANCE: 8 pm

DATE: 3-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX (USFP)	Tag NO.	COLOR DESCRIPTION						BREEDING/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9076		X									X		X				
2	9077						X						C/B	X				
3	9078						X			X				X				
4	9079				X				X							X		
5	9080						X			X				X				
6	9081				X				X							X		
7	9082				X				X							X		
8	9083				X				X							X		
9	9084		X						X							X		
10	9085		X						X					X				
11	9086						X		X					X				
12	9087		X						X							X		
13	9088		X						X					X				
14	9031						X				X					X		
15	9039						X				X					X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREBY [redacted] IS DOCUMENT AND THE INFORMATION IN IT AS COMPLET[redacted] FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECTION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

G29752

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USFP																		
16	9057				X					X					X			
17	9065		X									X		X				
18	9066					X				X						X		
19	9068		X							X				X				
20	9069		X							X				X				
21	9070						X			X				X				
22	9071		X							X						X		
23	9072		X							X				X				
24	9073		X							X						X		
25	9074		X							X						X		
26	9067		X							X						X		
27																		
28																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

629753

TIME HORSES LOADED ON CONVEYANCE: 2AM

DATE: 3/24/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

BRUce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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	~~Cream~~	~~Other~~	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8850		X							X				X				
2	9002		X							X				X				
3	9003		X							X						X		
4	9018			X						X				X				
5	9027		X										X			X		
6	9028						X			X						X		
7	9029				X						X					X		
8	9030							X		X						X		
9	9032					X				X						X		
10	9033		X										X	X				
11	9034				X								X	X				
12	9035						X				X			X				
13	9036		X										X	X				
14	9037						X				X			X				
15	9038		X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT[redacted] (b)(6)

I HERE[redacted]CUMENT AND THE INFORMATION IN IT AS COMPL[redacted]SIFICATION OF THIS FORM OR KNOWINGLY USING A [redacted] MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Red	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9040				X						X			X				
17	9041		X							X				X				
18	9042						X			X				X				
19	9043		X							X						X		
20	9044							X		X				X				
21	9045						X			X				X				
22	9046		X							X						X		
23	9047						X			X				X				
24	9048					X				X						X		
25	9049		X							X						X		
26	9050						X			X				X				
27	9051				X					X					X		Not on	
28	9052					X				X						X		
29	9053						X			X				X				
30	9054						X						X			X		
31	9055						X			X				X				
32	9056						X			X				X				
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

629754

TIME HORSES LOADED ON CONVEYANCE: 6:00 PM

DATE: 03-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9057		X							X				X				
2	9058		X							X						X		
3	9059						X				X			X				
4	9060		X							X				X				
5	9061						X			X				X				
6	9062					X				X						X		
7	9063		X							X				X				
8	9064				X					X						X		
9	6951		X							X						X		
10	6952						X			X				X				
11	6953						X			X				X				
12	6954						X			X						X		
13	6955		X										X			X		
14	6956		X										X			X		
15	6957						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6958							X		X					X			
17	6959						X				X					X		
18	6960						X			X						X		
19	6961		X										X			X		
20	6962						X			X						X		
21	6963						X						X	X				
22	6964		X										X	X				
23	6965		X										X	X				
24	6966		X										X	X				
25	6967		X										X	X				
26	6968		X										X	X				
27	6969						X				X					X		
28	6970		X										X			X		
29	6971		X										X			X		
30	6972							X		X				X				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

L061385

TIME HORSES LOADED ON CONVEYANCE: 13 6 AM

DATE: 3/8/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	8783					X				X						X		
2	8784					X				X								
3	8786		X							X								
4	8788		X							X				X				
5	8789		X						X							X		
6	8790		X						X					X				
7	8791						X		X					X				
8	8792						X		X					X				
9	8793			X					X							X		
10	8794		X						X					X				
11	8795		X										SN			X		
12	8796		X										SN			X		
13	8797						X			X						X		
14	8798							Appl		X						X		
15	8799		X										SN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

VS[redacted]

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

L061385

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Gr/Sh	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8800						X			X						X		
17	8801		X										SN	X				
18	8802						X			X				X				
19	8803							Pinto		X						X		
20	8804		X										SN			X		
21	8805		X										SN			X		
22	8806		X						X					X				
23	8807						X		X							X		
24	8808		X						X					X				
25	8809			X						X					X			
26	8810						X		X					X				
27	8811		X										SN			X		
28	8812		X										SN	X				
29	8813													X				
30	8823			X					X						X			
31																		
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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)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

PAGE ___ OF ___

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

L061387

TIME HORSES LOADED ON CONVEYANCE: 7:15 am

DATE: 03-18-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

Bruce K. Rotz Rptz;s Livestock

STREET ADDRESS: 457 Airport rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USEA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ Sdl	Other	Mare	Stal	Geld		
1	8814						X				X				X			
2	8815		X						X							X		
3	8816		X						X					X				
4	8817		X									X				X		
5	8818		X									X		X				
6	8819		X									X				X		
7	8820		X									X				X		
8	8821		X									X		X				
9	8822		X									X				X		
10	8824						X			X						X		
11	8825						X			X						X		
12	8826		X						X							X		
13	8827						X			X				X				
14	8828							PAL		X				X				
15	8829		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM[redacted]

SIGNATUR[redacted] (b)(6)

I HEREBY [redacted]NT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

S[redacted] contained in this form is true and correct to th[redacted] (b)(6)

V[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Palo	Gaugh	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8830		X							X				X				
17	8831		X						X					X				
18	8832		X							X						X		
19	8833						X			X						X		
20	8834		X							X				X				
21	8835						X			X						X		
22	8836						X			X				X				
23	8837		X							X				X				
24	8838					X				X				X				
25	8839		X							X				X				
26	8840		X							X				X				
27	8841		X							X				X				
28	8842					X				X				X				
29	8843		X							X						X		
30	8844						X			X				X				
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFI[illegible] OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10. IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] information contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

PAGE ___

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

L061385

TIME HORSES LOADED ON CONVEYANCE: 130AM

DATE: 3/8/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USEX	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	8783					X				X						X		
2	8784					X				X								
3	8786		X							X								
4	8788		X							X				X				
5	8789		X						X							X		
6	8790		X						X					X				
7	8791						X		X					X				
8	8792						X		X					X				
9	8793			X					X							X		
10	8794		X						X					X				
11	8795		X										SN			X		
12	8796		X										SN			X		
13	8797						X			X						X		
14	8798							Appl		X						X		
15	8799		X										SN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b)(6)

I HEREBY [redacted] HIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V[redacted]

Previous editions are obslete

PAGE 1 OF ___

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

2061385

USDA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Gray	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8800						X			X						X		
17	8801		X										SN	X				
18	8802						X			X				X				
19	8803							AM		X						X		
20	8804		X										SN			X		
21	8805		X										SN			X		
22	8806		X						X					X				
23	8807						X		X							X		
24	8808		X						X					X				
25	8809			X						X					X			
26	8810						X		X					X				
27	8811		X										SN			X		
28	8812		X										SN	X				
29	8813						X				X			X				
30	8823			X					X						X			
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SIGNATURE OF OWNER/SHIPPER certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:15Am

DATE: 03-16-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

BRuce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheath~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
1	8755				X					X					X			
2	8756						X			X						X		
3	8757						X							X				
4	8758			X							X			X				
5	8759						X			X				X				
6	8760						X			X						X		
7	8761							X		X						X		
8	8762						X			X				X				
9	8763						X		X					X				
10	8764						X			X				X				
11	8765							X		X						X		
12	8766						X		X					X				
13	8767		X						X					X				
14	8768		X							X						X		
15	8769							X		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU [redacted] (b)(6)

I HEREB [redacted] ENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8770				X					X						X		
17	8771							X		X				X				
18	8772				X				X					X				
19	8773							X			X					X		
20	8774		X									X				X		
21	8775							X					X	X				
22	8776		X									X				X		
23	8777							X		X				X				
24	8778		X							X						X		
25	8779			X						X				X				
26	8780		X							X						X		
27	8781		X							X				X				
28	8782		X							X				X				
29	8785					X				X						X		
30	8785		X							X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

L061389

TIME HORSES LOADED ON CONVEYANCE: 4:00 AM

DATE: 3/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8893		X										SN			X		
2	8735						X			X		X				X		
3	8647		X						X							X		
4	8711					X	X			X			X			X		
5	8682					X		BKSN		X						X		
6	8641				X					X						X		
7	8706		X							X						X		
8	8736						X			X				X				
9	8732						X			X				X				
10	8733		X							X				X				
11	8728							Pal		X						X		
12	8646		X							X						X		
13	8737		X							X						X		
14	8726						X			X				X				
15	8574		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b)(6)

I HEREBY [redacted]S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIG[redacted] the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 12-03-2010

TIME 7h00

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

206389

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Gleish	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8633		X							X				X				
17	8709		X							X				X				
18	8699		X							X						X		
19	8625		X							X						X		
20	8651		X							X				X				
21	8665							PAL		X						X		
22	8729		X							X				X				
23	8645					X				X				X				
24	8730						X			X				X				
25	8731						X			X				X				
26	8653						X			X						X		
27	8710						X			X				X				
28	8681					X				X						X		
29	8713		X							X						X		
30	8725						X			X					X			
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

L061388

TIME HORSES LOADED ON CONVEYANCE: 10:00 PM 3/10/10

DATE: 3/10/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE L[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNO[redacted]

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8624						X			X				X				
2	8642		X							X				X				
3	8644		X							X						X		
4	8658						X			X				X				
5	8679		X							X						X		
6	8692						X			X						X		
7	8708		X							X						X		
8	8712			X						X				X				
9	8714						X			X				X				
10	8727						X			X						X		
11	8734					X				X						X		
12	8738		X							X						X		
13	8739						X		X					X				
14	8740		X						X							X		
15	8741			X					X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY A[redacted]MENT AND THE INFORMATION [redacted]T AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 11-03-2010

TIME 14:00

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to [redacted]

Previous editions are obslete

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

LOC 1388

USET	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8742		X						X					X				
17	8743		X						X					X				
18	8744						+						HY	X				
19	8745		X						X							X		
20	8746			X									mull			X		
21	8747		X										SIR	X				
22	8748		X										ST	X				
23	8749		X										ST	X				
24	8750			X						X				X				
25	8751						+						ST			X		
26	8752		X										SB			X		
27	8753			X					X							X		
28	8754		X						X						X			
29																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

20608/0

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am

DATE: 03-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

USEY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chstn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8630		X							X				X				
2	8631							Appln		X				X				
3	8650					X				X				X				
4	8652						X			X				X				
5	8655							PAI		X						X		
6	8665	8656					X			X				X				
7	8659		X							X						X		
8	8660		X							X						X		
9	8663		X							X						X		
10	8666						X			X				X				
11	8668					P		Bash		X						X		
12	8669						X			X				X				
13	8670						X			X				X				
14	8673							APP		X				X				
15	8674		X							X								

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 11-03-2010

TIME 0430

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

20 66810

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8676						X			X						X		
17	8677			X						X						X		
18	8678							Buckskin		X						X		
19	8683		X							X						X		
20	8686		X							X				X				
21	8687					X				X				X				
22	8688					X				X				X				
23	8691		X							X						X		
24	8695							APPA		X				X				
25	8697						X			X						X		
26	8705		X							X				X				
27	8707		X							X				X				
28	8715						X			X				X				
29	8716							Blk		X				X				
30	8717		X							X				X				
31																		
32																		
33																		
34																		
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S[redacted]fy that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

V

(SEP 2002)

CANADIAN FOOD INSPECTION AGENCY

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)

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FORM APPROVED OMB NO. 0579-0160

L060809

TIME HORSES LOADED ON CONVEYANCE: 9:00 PM	DATE: 3-8-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USET	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Bay/Y	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8648			X					X					X				
2	8657						X			X				X				
3	8662		X							X				X				
4	8664					X				X				X				
5	8667			X						X						X		
6	8668							Buckskin		X						X		
7	8671		X							X				X				
8	8672		X							X						X		
9	8684					X				X						X		
10	8685							PAL					mul	X				
11	8690					X				X				X				
12	8694					X				X						X		
13	8696		X							X						X		
14	8698		X							X						X		
15	8700		X						X									

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]E THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076
DATE 9-03-2010
TIME 14H30

Canadian Food Inspection Agency — Government of Canada — Agence canadienne d'inspection des aliments — Canada

Previous editions are obslete

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

2060809

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8701		X						X					X				
17	8702		X						X					X				
18	8703		X						X					X				
19	8704		X						X					X				
20	8718		X						X							X		
21	8719		X						X					X				
22	8720		X						X					X				
23	8721			X					X							X		
24	8722		X						X							X		
25	8723		X						X					X				
26	8724		X						X					X				
27							X			X					X			
28	5892							BAY		X						X		
29																		
30																		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

L060807

TIME HORSES LOADED ON CONVEYANCE: 4:45 AM

DATE: 3 5 10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450=788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
usft	8605						X			X				X				
2	8607						X			X						X		
3	8608						X			X						X		
4	8609		X							X				X				
5	8610					X				X				X				
6	8611						X			X				X				
7	8612		X							X				X				
8	8613		X							X				X				
9	8614		X							X				X				
10	8615						X			X				X				
11	8616		X							X				X				
12	8617		X							X				X				
13	8618		X							X						X		
14	8619							PAL		X				X				
15	8620		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted] AND THE INFORMATION IN IT AS COMPLETED [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 [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 8-03-2010

TIME 0930

VS FORM [redacted]

Previous editions are obsolete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

206087

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Ghostn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8621						X			X				X				
17	8622		X							X				X				
18	8623		X							X						X		
19	8626						X				X			X				
20	8628		X						X							X		
21	8629		X						X							X		
22	8632		X						X					X				
23	8634		X						X							X		
24	8635		X						X							X		
25	8636						X		X					X				
26	8637						X		X					X				
27	8638		X						X							X		
28	8639		X						X							X		
29	8640						X		X					X				
30	8627			X					X					X				
31																		
32																		
33																		
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[redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
ACCREDITED INSPECTION REPRESENTATIVE

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)

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FORM APPROVED OMB NO. 0579-0160

F02599

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport R d.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.
- [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	8533							X		X				X				
2	8534							X		X				X				
3	8535							X	X					X				
4	8537							X		X				X				
5	8540							X		X						X		
6	8542							X			X					X		
7	8543							X		X						X		
8	8545		X							X				X				
9	8548							X		X						X		
10	8566				X					X				X				
11	8567				X					X				X				
12	8568				X					X				X				
13	8569			X							X			X				
14	8570		X							X				X				
15	8571					X				X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM[redacted]NCE.

SIGNATUR[redacted]

I HEREBY [redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGN[redacted] information contained in this form is true and correct to the b[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076
DATE 5 Mars 10
TIME 7h00

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

F-03599

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8573					X				X				X				
17	8575		X							X				X				
18	8576							X		X						X		
19	8577							X		X				X				
20	8578		X							X						X		
21	8579							X		X				X				
22	8580							X		X				X				
23	8581							X		X						X		
24	8582							X		X						X		
25	8584		X							X				X				
26	8585					X				X				X				
27	8586		X							X						X		
28	8589		X										X			X		
29	8590							X	X						X			
30	8605							X		X				X				
31																		
32																		
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S[redacted] that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

V[redacted]
(S[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)

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FORM APPROVED OMB NO. 0579-0160

L060832

TIME HORSES LOADED ON CONVEYANCE: 10:30 P.M.

DATE: 6/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat inc.

STREET ADDRESS: 457 Airport rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	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~~ S/N	Other	Mare	Stal	Geld		
1	9801		X									X				X		
2	9802				X							X		X				
3	9803				X							X		X				
4	9804		X									X		X				
5	9805		X									X		X				
6	9806				X							X				X		
7	9807		X									X				X		
8	9808		X									X				X		
9	9809		X									X		X				
10	9810						X						mull			X		
11	9811		X									X				X		
12	9812		X									X				X		
13	9814					X				X				X				
14	9815							Roan		X						X		
15	9816					X				X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]NCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF C[redacted] contained in this form is true and correct to the best of my kno[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 2 - OWNER/SHIPPER

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

L060845

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 6/21/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] RIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	9555		X							X				X				
2	9559		X							X						X		
3	9587		X						X							X		
4	9588		X							X				X				
5	9637						X			X				X				
6	9638						X			X				X				
7	9719									X						X		
8	9723						X				X					X		
9	9736						X			X				X				
10	9747							PAL		X				X				
11	6751		X										C/B	X				
12	6752		X										S/B			X		
13	6753		X										SN			X		
14	6754						X		X					X				
15	6755		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AU[redacted] THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED [redacted]A. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V[redacted]

Previous editions are obslete

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

L060845

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6757						X			X				X				
17	~~6758~~	JFF	X							X				X				
18	6759		X							X				X				
19	6760		X						X							X		
20	6761			X									CB			X		
21	6762				X								CB	X				
22	6763		X										GN			X		
23	6764		X										GN	X				
24	6765						X						CB	X				
25	6756		X							X				X				
26	6766						X			X						X		
27	6767		X							X				X				
28	6768						X			X				X				
29																		
30																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

(b)(6)

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)

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166#
FORM APPROVED
OMB NO.
0579-0160
L060455

TIME HORSES LOADED ON CONVEYANCE: 8:00 am

DATE: 7/19/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] RIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sheln~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	7132		X									X				X		
2	7133		X									X		X				
3	7134		X									X				X		
4	7135						X			X						X		
5	7136		X									X				X		
6	7137							Roan		X						X		
7	7138						X			X						X		
8	7139						X			X				X				
9	7140						X			X						X		
10	7141		X							X					X			
11	7142		X								X			X				
12	7143						X			X						X		
13	7144		X							X						X		
14	7145		X							X				X				
15	7146						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORI[redacted] OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE [redacted] LSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED [redacted] MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the be[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO[redacted]

Previous editions are obslete

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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100 ✓

FORM APPROVED
OMB NO. 0579-0160

L060454

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black SOY	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7147						X			X				X				
17	7148			X						X				X				
18	7149						X			X				X				
19	7150						X			X				X				
20	7152		X							X				X				
21	7153		X							X				X				
22	7154							PA1		X						X		
23	7155		X							X						X		
24	7156		X							X				X				
25	7157		X							X				X				
26	7158		X							X						X		
27	7151		X							X				X				
28	7114							APR		X					X			
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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).

[redacted] that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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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102

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock Bmc	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu meat Inc
STREET ADDRESS: 457 Airport d	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg PA 17257	CITY, STATE, ZIP CODE: Massueille Canada
AREA CODE & TELEPHONE NO.: 717-532-3661	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☐ Horses are able to bear weight on all 4 limbs.
- ☐ Foals are older than 6 months of age.
- ☐ Horses are not blind in both eyes.
- ☐ Horses are able to walk unassisted.

usfp	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorr ~~Chestn~~	Other	TB	QT	Draft	SIN ~~Pony~~	Other	Mare	Stal	Geld		
1	7851					X				X					X			
2	7852		X							X				X				
3	7853		X									X				X		
4	7854				X				X							X		
5	7855		X									X		X				
6	7856		X							X						X		
7	7857		X									X				X		
8	7858					X				X						X		
9	7859		X						X							X		
10	7860						X		X					X				
11	7861						X			X			mull	X				
12	7862				X					X						X		
13	7863				X					X						X		
14	7864				X					X				X				
15	7865						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS [redacted] O CONVEYANCE.

SIGNAT [redacted] (b)(6)

I HERE [redacted] OSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to th [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 26/07/2010

TIME 11:15 AM

CANADIAN FOOD INSPECTION AGENCY Government of Canada — Canada — Agence canadienne d'inspection des aliments — Gouvernement du Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

1024

FORM APPROVED OMB NO. 0579-0160

L060455

JSFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	7866						X			X						X		
17	7867					X				X				X				
18	7868		X						X							X		
19	7869				X					X						X		
20	7870		X							X				X				
21	7871							App		X				X				
22	7872						X			X						X		
23	7873		X							X				X				
24	7874		X										X	X				
25	7875		X						X					X				
26	7876					X				X				X				
27	7877			X						X				X				
28	7113			X						X					X			
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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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105

FORM APPROVED OMB NO. 0579-0160

L060460

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cremo	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7818						X			X				X				
17	7819				X					X				X				
18	7820		X							X				X				
19	7821						X			X				X				
20	7822		X							X					X			
21	7823					X				X				X				
22	7824						X			X						X		
23	7825						X		X							X		
24	7826				X				X							X		
25	7827		X							X				X				
26	7828						X			X				X		X		
27	7829		X							X						X		
28	7241						X			X						X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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[redacted] that the information contained in this form is true and correct to the best of my knowledge.

[redacted] (b)(6)

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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101#

FORM APPROVED OMB NO. 0579-0160

L060456

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7161			X					X					X				
17	7165			X						X						X		
18	7166						X			X				X				
19	7169		X							X						X		
20	7170					X				X						X		
21	7171		X							X				X				
22	7172						X			X				X				
23	7173							App		X						X		
24	7174							App		X				X				
25	7175						X			X				X				
26	7176							App		X				X				
27	7177							App		X				X				
28	7178						X			X						X		
29	7179						X			X						X		
30	7180					X				X				X				
31	6890							App		X				X				
32																		
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[redacted] that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of 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
(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.

106#

FORM APPROVED OMB NO. 0579-0160

L060461

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	7252		X						X							X		
17	7253		X						X							X		
18	7254						X		X							X		
19	7255		X						X					X				
20	7256		X										S/N			X		
21	7257		X										S/N			X		
22	7258		X								X			X				
23	7259						X				X					X		
24	7260						X				X					X		
25	7261		X										S/N			X		
26	7262		X										S/N			X		
27	7263		X										S/N			X		
28	7264		X										S/N			X		
29	7265						X			X				X				
30	7266						X			X				X				
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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)

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.

94# FORM APPROVED OMB NO. 0579-0160

L060849

TIME HORSES LOADED ON CONVEYANCE: 11:30 p.m.

DATE: 7/6/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Sorr ~~Chestn~~	Other	BREED/TYPE: TB	QT	Draft	S/N ~~Pony~~	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	6771		X							X				X				
2	6775						X			X				X				
3	6777			X						X						X	off	
4	6779		X							X				X				
5	6781		X							X						X		
6	6783		X							X				X				
7	6785		X										must			X		
8	6820					X				X				X				
9	6821							All		X				X				
10	6824						X			X				X				
11	6825			X					X					X			off	
12	6827			X					X					X			off	
13	6829		X							X				X				
14	6832						X			X						X		
15	6836		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED[redacted].

SIGNATURE [redacted] (b)(6)

I HEREBY AUT[redacted]MENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to the be[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY Government of Canada

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 8/07/2010

TIME 6 hoc

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 2 - OWNER/SHIPPER

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.

94

FORM APPROVED OMB NO. 0579-0160

L060849

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Palo	Black	Other	TB	QT	Draft	Beef	Other	Mare	Stal	Geld		
16	6838						X			X				X				
17	6839						X			X				X			off	
18	6841						X			X				X				
19	6849		X									X		X				
20	6880						X			X						X		
21	6881						X			X				X				
22	6882					X				X						X		
23	6883		X							X				X				
24	6884					X				X				X				
25	6885		X							X				X				
26	6901					X				X				X				
27	6902						X			X						X		
28	6903		X						X							X		
29	6904						X			X						X		
30	6905		X									X			X			
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Government of Canada

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).

[redacted] The information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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.

96
FORM APPROVED
OMB NO.
0579-0160
L060451

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 7/11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,bruge

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa

CITY, STATE, ZIP CODE: Massueville Qu. Candda

AREA CODE & TELEPHONE NO.: 717-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	6880						X			X						X		
2	6886					X				X				X				
3	6891				X					X						X		
4	6906					X				X				X				
5	6907		X							X				X				
6	6909					X				X				X				
7	6910		X							X				X				
8	7001		X						X							X		
9	7009							PAI						X				
10	7010							API								X		
11	7011							BAI						X				
12	7012					X								X				
13	7013						X								X			
14	7014						X			X				X				
15	7015						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the b [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F [redacted]

Previous editions are obslete

PART B - OWNER/SHIPPER

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.

96 #

FORM APPROVED OMB NO. 0579-0160

L060451

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Bay	Other	Mare	Stal	Geld		
16	7016		X							X						X		
17	7017		X							X						X		
18	7018		X							X								
19	7019		X									X				X		
20	7020						X						Mul	X				
21	7021						X						Mul	X				
22	7022							Dun		X				X				
23	7023		X							X						X		
24	7024							Roan		X				X				
25	7025							Dun		X				X				
26	7026						X			X				X				
27	7027						X			X				X				
28	7028						X			X				X				
29																		
30																		
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32																		
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Canada Food Inspection Agency
Agence canadienne d'inspection des aliments
Canada

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).

[redacted] the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

(b)(6)

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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95#

FORM APPROVED OMB NO. 0579-0160

L060850

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheeth~~ Sorl	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6777			X				[redacted]		X						X		
2	6778		X							X						X		
3	6784		X							X						X		
4	6825			X					X					X				
5	6839						X			X				X				
6	6842						X			X						X		
7	6887				X					X				X				
8	6888					X				X				X				
9	6889						X			X				X				
10	6894		X							X				X				
11	6895					[redacted]		PAI		X				X				
12	6896					X				X				X				
13	6897		X							X				X				
14	6898		X							X						X		
15	6899						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTH[redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY [redacted]SIFICATION OF THIS FORM, OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 8 Juillet 2010

TIME 8h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160
L060850

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	6900		X						X				X				
17	6908					X			X				X				
18	6911						X		X						X		
19	6912					X			X						X		
20	6913		X						X				X				
21	6914						X		X				X				
22	6915						X		X				X				
23	6916		X						X				X				
24	6917		X						X				X				
25	7003		X						X				X				
26	7004							BS	X				X				
27	7005							PAL	X				X				
28	7006			X				X							X		
29	7007		X					X					X				
30	7008		X						X						X		
31																	
32																	
33																	
34																	
35																	
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IM[illegible] 18 U.S.C. SECTION 1001).

S[illegible] contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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97#
FORM APPROVED
OMB NO. 0579-0160
L060452

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m.

DATE: 7/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheln~~ Sorr	Other	TB	QT	Draft	~~Perry~~ S/N	Other	Mare	Stal	Geld		
1	7029						X			X				X			offi	
2	7030						X			X						X		
3	7031		X									X				X	offi	
4	7032					X				X				X				
5	7033					X				X						X		
6	7034		X							X				X				
7	7035						X			X				X				
8	7036							BSN		X				X				
9	7037					X				X				X				
10	7038				X							X				X	offi	
11	7039					X				X				X				
12	7040		X							X				X				
13	7041					X				X						X		
14	7042						X			X				X			offi	
15	7043		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED [redacted] FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS [redacted]

Previous editions are obsolete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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99

FORM APPROVED OMB NO. 0579-0160

L060453

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 07-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7089						X			X				X				
2	7031		X							X						X		
3	7038				X					X						X		
4	7042						X			X				X				
5	7059		X						X							X		
6	7060		X							X				X				
7	7061		X						X					X		X		
8	7062		X						X							X		
9	7090		X							X						X		
10	7091		X							X						X		
11	7092		X							X				X				
12	7093						X			X				X				
13	7094					X				X				X				
14	7095						X			X						X		
15	7096						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]ANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED [redacted]LSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] information contained in this form is true and correct to

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY · Government of Canada · Canada · Gouvernement du Canada · AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

Previous editions are obslete

PART 2 - OWNER/SHIPPER

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.

97

FORM APPROVED OMB NO. 0579-0160

L060453

SFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7098					X				X						X		
17	7099					X				X						X		
18	7100		X							X						X		
19	7101		X							X				X				
20	7102						X				X					X		
21	7103					X										X		
22	7104						X			X				X				
23	7105		X							X				X				
24	7106		X							X						X		
25	7107		X							X						X		
26	7108		X							X				X				
27	7109						X			X				X				
28	7110		X							X				X				
29	7111						X			X				X				
30	7112					X				X					X			
31																		
32																		
33																		
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA. [illegible] FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
L'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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104#
FORM APPROVED
OMB NO. 0579-0160

L060459

TIME HORSES LOADED ON CONVEYANCE: 10:00 P.M.

DATE: 7/26/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel [redacted]	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7162						X		X					X				
2	7185		X							X				X				
3	7199		X							X						X		
4	7202						X			X				X				
5	7207						X			X						X		
6	7213		X						X							X		
7	7214			X						X				X				
8	7215		X						X					X				
9	7216		X							X						X		
10	7217						X			X				X				
11	7218						X						Mul			X		
12	7219						X						Mul	X				
13	7220						X			X						X		
14	7221						X			X						X		
15	7222						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]EYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY [redacted]S DOCUMENT AND THE INFORMATION IN IT AS COMPLETE[redacted] FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FA[redacted] AND MAY RESULT IN 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[redacted] the information contained in this form is true and correct to the b[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 27/07/2010

TIME 10:25 AM

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Agreement de Lowe

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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97

FORM APPROVED OMB NO. 0579-0160

L060452

JSFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7044		X							X						X		
17	7045		X						X							X		
18	7046		X							X						X		
19	7047						X			X				X				
20	7048		X							X				X				
21	7049						X			X				X				
22	7050						X			X				X				
23	7051							PAI		X				X				
24	7052							PAI		X				X				
25	7053						X			X				X				
26	7054						X			X						X		
27	7055						X			X				X				
28	7056		X							X				X				
29	7057		X							X				X				
30	7058						X			X						X		
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5 [redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

Canada

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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104

FORM APPROVED OMB NO. 0579-0160

L060459

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Sorrel ~~Chesh~~	Other	TB	QT	Draft	Poney	Other	Mare	Stal	Geld		
16	7224						X			X				X				
17	7225		X							X						X		
18	7226						X			X						X		
19	7227						X			X				X				
20	7228					X				X				X				
21	7229						X			X						X		
22	7230						X			X						X		
23	7231			X					X							X		
24	7232					X			X					X				
25	7234		X						X							X		
26	7235						X			X				X				
27	7236						X			X						X		
28	7237						X			X				X				
29	7239		X							X						X		
30	7240			X						X						X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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[redacted] certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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110 #
FORM APPROVED
OMB NO. 0579-0160
L060465

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 8/9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] ND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	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	7899							Sorr		X				X				
2	7900					X				X						X		
3	7701							PBL		X				X				
4	7702							Sorr		X						X		
5	7703		X							X				X				
6	7704							Sorr		X				X				
7	7705							Sorr		X				X				
8	7706		X							X				X				
9	7707		X							X				X				
10	7708							Appl		X						X		
11	7709							Sorr		X				X				
12	7710		X							X				X				
13	7711	669				X				X				X				
14	7712	670						Sorr		X				X				
15	7713	660		X						X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY A[redacted] DOCUMENT AND THE INFORMATION IN IT AS COMPLETED[redacted]ALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

Previous editions are obslete

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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110

FORM APPROVED OMB NO. 0579-0160

L060465

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7714	658						Dun		X						X		
17	7715	662		X						X						X		
18	7716	656		X						X						X		
19	7717	671				X				X				X				
20	7718	657				X				X						X		
21	7719	668			X					X				X				
22	7720	655				X				X						X		
23	7721	659				X				X						X		
24	7723	663				X				X						X		
25	7724	665						Sorr		X				X				
26	7725	669		X						X						X		
27	7726	664						Appl		X						X		
28	7734	1498	X							X					X			
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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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)

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

I.060467

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 8/11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] D DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	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	7743							Apl		X				X				
2	7744		X							X				X				
3	7745							PAl		X				X				
4	7746							Soy		X						X		
5	7747		X							X				X				
6	7748		X											X				
7	7749			X							X			X				
8	7750						X							X				
9	7651		X							X				X				
10	7652		X							X				X				
11	7653						X		/	X				X				
12	7654						X			X				X				
13	7655		X							X				X				
14	7656		X							X				X				
15	7657					X				X					X			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted]NT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to t[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

Previous editions are obslete

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.

111

FORM APPROVED OMB NO. 0579-0160

2060467

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7658						X			X				X				
17	7659		X							X				X				
18	7660		X							X						X		
19	7661		X							X				X				
20	7740							SM	X							X		
21	7741		X						X							X		
22	7738							SM	X					X				
23	7736		X						X					X				
24	7735		X						X					X				
25	7727							SM		X				X				
26	7730		X							X				X				
27	7731		X						X					X				
28	7732		X							X				X				
29																		
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SI [redacted] tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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108
FORM APPROVED
OMB NO. 0579-0160
2060463

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 08-04-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu meat Inc

Rotz's Livestock Bruce

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Marieville QC Canada

AREA CODE & TELEPHONE NO.: 717/532/5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7267	1475	X							X						X		
2	7268	1475					X			X				X				
3	7269	1476	X							X				X				
4	7271	1478					X			X						X		
5	7272	1829	X							X						X		
6	7275	1834					X			X						X		
7	7276	1863					X			X						X		
8	7277		X							X	X		X	X	X			
9	7278 7906	1480	X	X X						X	X		X	X		X		
10	7279 7907	1891					X			X				X				
11	7280	1857					X			X						X		
12	7282							Appl		X						X		
13	7283	1856					X			X				X				
14	7284	1833					X			X				X		X		
15	7285		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREB[redacted] THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to t[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 5 AUG 2010

TIME 9:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

Previous editions are obslete

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.

108

FORM APPROVED OMB NO. 0579-0160

L060463

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Fnto	Sheln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7286		X							X				X				
17	7288	1888					X			X						X		
18	7289	1826						Appl		X				X		X	it	
19	7777	1832				X				X						X		
20	7778	1864					X			X				X				
21	7779	468	X										S/N	X				
22	7780	348	X										S/N					
23	7781	289				X				X						X		
24	7782	346	X										S/N	X				
25	7783	383	X										S/N			X		
26	7784	343	X										S/N			X		
27	7785	344	X										S/N			X		
28	7786	324	X										S/N	X				
29	7906		X							X				X				
30	7902		X							X				X				
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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).

[redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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107

FORM APPROVED OMB NO. 0579-0160

L060462

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock,Bruce
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7751	1481					X			X						X		
2	7752	1482			X					X				X				
3	7753	1483						PAL		X				X				
4	7754	1484					X			X				X				
5	7755	1485				X				X						X		
6	7270		X						X						X			
7	7274		X							X					X			
8	7756	8232					X			X				X				
9	7757	680					X			X						X		
10	7758	1367	X							X				X				
11	7759	679				X				X						X		
12	7760	635			X					X				X				
13	7761	637			X					X				X				
14	7762	631						PAL		X				X				
15	7763	1368					X				X			X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted]

(b)(6)

I HEREBY [redacted] DOCUMENT AND THE INFORMATION IN IT AS COMPLET[redacted] ALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 4 AUG 2010

TIME 11:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

Previous editions are obslete

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.

107

FORM APPROVED OMB NO. 0579-0160

L060462

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Gray	Blk.	Pinto	Sheets	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	7764	632			X					X				X				
17	7765	663		X						X						X		
18	7766	619					X			X				X				
19	7767	1373				X				X						X		
20	7768	1372	X							X						X		
21	7776	1369	X							X				X				
22	7769	633	X							X				X			offer	
23	7770	630	X								X			X				
24	7771	409	X										S/N	X				
25	7772	271	X							X				X				
26	7773	434					X			X				X				
27	7774	429					X			X				X				
28	7775	405	X										S/N			X	offer	
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Government of Canada

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[redacted]ation contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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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129#

FORM APPROVED
OMB NO. 0579-0160

E060475

TIME HORSES LOADED ON CONVEYANCE: 9:45 p.m.

DATE: 9/6/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8105					X				X				X				
2	8106		X							X				X				
3	8107		X							X				X				
4	8108		X			X				X				X				
5	8109					X				X						X		
6	8110							SOM		X				X			off	
7	8111		X							X				X				
8	8112		X							X				X		~~X~~		
9	8113					X				X				X		~~X~~		
10	8114							SOM		X				X				
11	8115					X				X						X		
12	8116					X				X				X				
13	8117							APP		X				X				
14	8118		X							X						X		
15	8119		X										CB	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b)(6)

I HEREBY [redacted] CUMENT AND THE INFORMATION IN IT AS COMPLETE[redacted] FICATION OF THIS FORM OR KNOWINGLY USING A F[redacted] AY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

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.

1294

FORM APPROVED OMB NO. 0579-0160

L060475

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8120					X				X				X				
17	8121					X				X				X				
18	8122					X				X					X		off	
19	8123				X					X				X				
20	8124					X				X				X				
21	8125					X				X				X				
22	8126							APP		X				X				
23	8127							SOM		X						X		
24	8128		X							X				X				
25	8129				X					X				X				
26	8130							SOM		X						X	off	
27	8131							SOM		X						X		
28	8132							SOM		X				X				
29	8133		X							X						X		
30	8134							SOM		X				X			off	
31	8135		X							X				X			off	
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
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AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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)

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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128 A

FORM APPROVED OMB NO. 0579-0160

L060484

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 9/6/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	8084		X							X				X				
2	8085							Pone		X				X				
3	8086							Sorr		X				X				
4	8087		X							X				X				
5	8088							PAI		X				X				
6	8089				X					X				X				
7	8090		X							X						X		
8	8091							DUN		X				X				
9	8092							AP		X						X		
10	8093							Sorr		X						X		
11	8094							Sorr		X				X				
12	8095		X							X				X				
13	8096							Sorr		X				X				
14	8097							AP		X				X				
15	8098							Sorr		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted]

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

PART 1 - INSPECTOR

128A

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

8:00pm 9/6/10

[redacted] (b)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

128A

FORM APPROVED OMB NO. 0579-0160

L060484

usfp

	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Poor	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8099							Sorr		X						X		
17	8100							PAI		X						X		
18	8101							Sorr		X				X				
19	8102							Sorr		X						X		
20	8103		X							X				X				
21	8104					X				X				X				
22	8077		X						X					X				
23	8078		X						X					X				
24	8079		X						X						X			
25	8080		X						X					X				
26	8081							BSin		X				X				
27	8082		X						X					X				
28	8083					X							CIB			X		
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

060482

TIME HORSES LOADED ON CONVEYANCE: 7:15 am	DATE: 8/2/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
[redacted] (b)(6) ER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	7516		X										SIN	X				
2	7517		X										SIN			X		
3	7518							Roan		X						X		
4	7519					X				X				X				
5	7520							Spot		X						X		
6	7531		X							X						X		
7	7532		X							X				X				
8	7533		X							X				X				
9	7535							Spot		X				X				
10	8004							Spot		X				X				
11	8005		X										SIN			X		
12	8006			X					X							X		
13	8007							Spot		X				X				
14	8008		X						X					X				
15	8009		X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY [redacted] CUMENT AND THE INFORMATION IN IT AS COMPLETE [redacted] FICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS — Gouvernement du Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

2060482

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Poney	Other	Mare	Stal	Geld		
16	8010		X						X					X				
17	8011		X						X					X				
18	8012					X				X				X				
19	8013							Gray		X						X		
20	8014		X							X				X				off
21	8015		X							X				X				
22	8016		X							X				X				
23	8017		X							X				X				
24	8047		X							X				X				
25	8048		X							X						X		
26	8049		X										SW			X		
27	8075					X				X					X			
28	8076		X							X					X			
29	8046		X							X						X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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).

[redacted] (b)(6) [redacted] y that the information contained in this form is true and correct to the best of my knowledge.)

2-2

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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126

FORM APPROVED OMB NO. 0579-0160

L060480

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am	DATE: 09-02-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	7521		X										SIN			X		
2	7522							SOR		X						X		
3	7523							APP		X						X		
4	7524					X				X				X				
5	7525							APP		X				X				
6	7526					X				X						X		
7	7527							SOR		X						X		
8	7528							APP		X				X				
9	7529							BLSK		X						X		
10	7530					X				X				X				
11	7534				X								C/B	X				
12	7536					X				X						X		MBS
13	7537		X										C/B			X		
14	7538					X				X				X				
15	7539					X				X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED [redacted]ALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN 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[redacted]ontained in this form is true and correct to the b[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F[redacted] 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.

126

FORM APPROVED OMB NO. 0579-0160

L060490

	TAG PREFIX	TAG NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7540					X				X				X				
17	7541					X				X				X				
18	7542					X				X						X		
19	7543							SOM					S/B	X				
20	7544		X										S/N	X				
21	7545		X										S/N	X				
22	7546							SOM					S/B	X				
23	7547							SOM		X				X				
24	7548					X				X				X				
25	7549		X										S/N		/	X		
26	7550		X							X			S/N			X		
27	8001							SOM					C/B	X				
28	8002					X				X				X				
29	8003		X										S/N			X		
30	9566		X						X						X			
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada
MBB

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 [redacted] BOTH (18 U.S.C. SECTION 1001).

[redacted] mation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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

L060483

TIME HORSES LOADED ON CONVEYANCE: 10:00 p.m.

DATE: 9/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8014		X							X				X				
2	8050		X										SN	X				
3	8051		X						X					X				
4	8052		X					[redacted]	X					X				
5	8053							SM	X					X				
6	8054		X						X					X				
7	8055							SM	X					X				
8	8056							SM	X					X				
9	8057		X						X					X				
10	8058		X										SN			X		
11	8059		X						X					X				
12	8060		X						X							X		
13	8061		X						X					X				
14	8062							APP	X					X				
15	8063							SM	X							X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: Bruce Rotz

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

Bruce Rotz

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

206483

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Cheeks	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8064							Pink		X						X		
17	8065							SM		X						X		
18	8066		X							X						X		
19	8067					X				X						X		
20	8068		X							X				X				
21	8069		X							X				X				
22	8070		X										SN			X		
23	8071					X				X						X		
24	8072							SM		X						X		
25	8073							SM		X				X				
26	8074		X							X				X				
27																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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S[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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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124#

FORM APPROVED OMB NO. 0579-0160

L060481

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 8/31/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	8018				X								SN			X		
2	8019		X										SN	X				
3	8020		X										SN	X				
4	8021							Sorr		X				X				
5	8022					X				X				X				
6	8023					X				X						X		
7	8024		X										SN	X				
8	8025		X										SN			X		
9	8026					X				X				X				
10	8027		X							X						X		
11	8028		X										SN	X				
12	8029		X										SN			X		
13	8030		X							X				X				
14	8031		X										SN	X				
15	8032		X										SN	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted] THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

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.

12488

FORM APPROVED OMB NO. 0579-0160

L060481

SFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8033				X								CB	X				
17	8034		X										SN	X				
18	8035		X										SN	X				
19	8036							APP		X				X				
20	8037				X								SN			X		
21	8038		X										SN			X		
22	8039		X										SN			X		
23	8040		X										SN			X		
24	8041							PAI		X				X				
25	8042		X										SN	X				
26	8043							GOT		X						X		
27	8044		X										SN	X				
28	8045		X										SN			X		
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF T[redacted] FIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPR[redacted] BOTH (18 U.S.C. SECTION 1001).

SIGN[redacted] mation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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.

123#

FORM APPROVED
OMB NO. 0579-0160

T-050479

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 8/29/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] ER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

(b)(6)

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.

USFP

	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	7439					X				X				X				
2	7440							soft		X				X				
3	7441					X				X				X				
4	7442		X							X						X		
5	7443							soft		X						X		
6	7444		X							X				X				
7	7445		X							X						X		
8	7446		X							X				X				
9	7447							soft		X				X				
10	7448		X							X				X				
11	7449		X							X				X				
12	7450							soft		X				X				
13	7501					X				X				X				
14	7502		X							X				X				
15	7503				X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted]

(b)(6)

I HEREBY [redacted] DOCUMENT AND THE INFORMATION IN IT AS COMPLET[redacted] ALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM [redacted] 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
8:00pm **(CONTINUATION SHEET)** 8/29/11
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

123 #

FORM APPROVED OMB NO. 0579-0160

L060479

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7504							SOR			X					X		
17	7505					X				X				X				
18	7506							SOR					CB			X		
19	7507							SOR		X						X		
20	7508		X							X				X				
21	7509							SOR		X				X				
22	7510							DUN		X				X				
23	7511							DUN		X						X		
24	7512		X							X				X				
25	7513							AP		X				X				
26	7418							AP		X					X			
27	7514		X							X				X				
28	7515							SOR		X				X				
29																		
30																		
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32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

MBB

MBB

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).

SI[redacted]ER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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.

#119

FORM APPROVED OMB NO. 0579-0160

I060473

TIME HORSES LOADED ON CONVEYANCE: 10:30

DATE: 8/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP	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	7323						X			X						X		
2	7324							Sor		X				X				
3	7325							Sor		X				X				
4	7326									X						X		
5	7327				X					X				X				
6	7328		X						X					X				
7	7329					X				X				X				
8	7330			X						X				X				
9	7331		X							X						X		
10	7332			X						X						X		
11	7333		X							X				X				
12	7334							Sor		X				X				
13	7335							Sor		X				X				
14	7336			X						X				X				
15	7337					X				X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

#119

FORM APPROVED OMB NO. 0579-0160

L060473

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7338							Sor		X						X		
17	7339									X				X				
18	7340					X				X				X				
19	7341				X					X				X				
20	7342							Sor		X						X		
21	7343							Sor		X				X				
22	7344		X							X						X		
23	7345		X										mule			X		
24	7346							Dun		X						X		
25	7347		X							X				X				
26	7348		X							X						X		
27	7349				X					X						X		
28	7350		X							X				X				
29	7351							Sor		X				X				
30	7352					X				X						X		
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada
UBB

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)

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.

120#

FORM APPROVED
OMB NO. 0579-0160

I.060477

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	7353		X							X				X				
2	7356							PAL		X				X				
3	7357							SOY		X						X		
4	7360							BLM		X						X		
5	7361		X							X						X		
6	7362							PAL		X				X				
7	7367					X				X						X		
8	7368		X							X				X				
9	7371							SOR		X						X		
10	7385							SOL		X						X		
11	7389	326					SOY						C/B			X		
12	7390	838		X						X						X		
13	7391	894					SOY			X				X				
14	7392	884	X										SIO	X				
15	7393	996					SOY			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY [redacted] DOCUMENT AND THE INFORMATION IN IT AS COMPLETE [redacted] FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

120#

FORM APPROVED OMB NO. 0579-0160

L060477

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7394	839						SOM		X				X			Off	
17	7395	466	X										SIN	X				
18	7396	937						SOM		X						X		
19	7397	826						SOM		X						X		
20	7398	881						SOM		X				X				
21	7399		X										SIN			X		
22	7400	882						SOM		X				X				
23	7401	829						SOM		X						X		
24	7402		X						X							X		
25	7403		X							X				X				
26	7404	921	X						X					X				
27	7405	831	X							X				X				
28	7406	919			X				X						X			
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
1103

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)

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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121

FORM APPROVED
OMB NO.
0579-0160

L060478

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	7354							PAI		X				X				
2	7358				X					X				X				
3	7359				X					X				X				
4	7363		X							X				X				
5	7364							Appl		X				X				
6	7365							Rcve		X						X		
7	7366		X							X				X				
8	7368							Sorr		X						X		
9	7370							Sorr		X				X				
10	7372					X				X						X		
11	7373							Sorr		X				X				
12	7374							Dun		X				X				
13	7375			X						X						X		
14	7376							Sorr		X						X		
15	7377							Sorr		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]CUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to t[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

PAGE 1 OF 2

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.

1214

FORM APPROVED
OMB NO.
0579-0160

2060478

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Cheeth	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7378						X			X						X		
17	7379					X				X				X				
18	7380		X							X						X		
19	7381							SOY		X						X		
20	7382		X					S		X				X				
21	7383							SOY		X						X		
22	7384							SOY		X						X		
23	7385							SOY		X						X	offi	
24	7386							SOY		X				X				
25	7387							SOY		X				X				
26	7388					X				X						X		
27	7394							SOY		X				X				
28	7428		X							X					X			
29	7353							SOY		X					X			
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada
1153

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).

[redacted] that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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

L060474

TIME HORSES LOADED ON CONVEYANCE: 7:00PM	DATE: 08-26-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	7407							Sor		X						X		
2	7408							Sor		X				X				
3	7409						X			X				X				
4	7410		X							X				X				
5	7411							Sor		X				X				
6	7412		X							X				X				
7	7413							Sor		X						X		
8	7414							Sor		X				X				
9	7415							Sor		X						X		
10	7416		X							X				X				
11	7417							Sor		X						X		
12	7419							Sor		X						X		
13	7420		X							X						X		
14	7421			X						X				X				
15	7422							Sor		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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)

08-26-10

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

[redacted]
122
FORM APPROVED
OMB NO. 0579-0160
L060474

[redacted]

ISFP	Prefix	No.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	BREED/TYPE QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	7423		X													X		
17	7424		X							X					X			
18	7425		X							X				X				
19	7426							Sor		X				X				
20	7427		X							X				X				
21	7429							Sor		X						X		
22	7430					X				X				X				
23	7431		X										SN			X		
24	7432					X				X				X				
25	7433							AP		X				X				
26	7434							Sor		X				X				
27	7435		X							X				X				
28	7436		X							X				X				
29	7437							Sorl		X				X				
30	7438							Sor		X				X				
31																		
32																		
33																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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]

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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*118
FORM APPROVED
OMB NO. 0579-0160
L060472

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	7301		X							X						X		
2	7302		X										SN	X				
3	7303		X										SN			X		
4	7304		X										SN			X		
5	7305			X						X						X		
6	7306							Sor		X						X		
7	7307							AP		X				X				
8	7308							AP		X				X				
9	7309							Sor		X						X		
10	7310							AP		X				X				
11	7311							Sor					CB			X		
12	7312		X										CB	X				
13	7313							Sor		X						X		
14	7314		X								X					X		
15	7315		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY [redacted] AND THE INFORMATION IN IT AS COMPLETE [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.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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.

118

FORM APPROVED OMB NO. 0579-0160

L060472

SFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7316		X							X				X				
17	7317							Scr		X				X				
18	7318		X							X						X		
19	7319							Scr		X				X				
20	7320		X							X						X		
21	7321							Scr		X						X		
22	7322		X							X				X				
23	7455							Scr		X						X		
24	7459		X							X				X				
25	7460							Scr		X				X				
26	7465							Scr		X						X		
27	7468		X							X				X				
28	7483		X							X				X				
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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)

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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116

FORM APPROVED
OMB NO. 0579-0160

2060469

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 8/19/10
[redacted] DRIVER'S NAME	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.
	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

USFP

	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	7567		[redacted]					AM		X			[redacted]	X		[redacted]		
2	7453							SM		X						X		
3	7454					X				X				X				
4	7456							SM		X				X				
5	7457							Roan		X						X		
6	7458					X				X						X		
7	7461			X						X				X				
8	7462							AM		X						X		
9	7463		X							X				X				
10	7464			X						X				X				
11	7466		X							X				X				
12	7467							SM		X				X				
13	7469							SM		X				X				
14	7470		X							X				X				
15	7471		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY A[redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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.

116

FORM APPROVED OMB NO. 0579-0160

2060469

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7472		X							X						X		
17	7473					X				X				X				
18	7474				X								SIN	X				
19	7475		X							X				X				
20	7476		X										SIN	X				
21	7477		X							X						X		
22	7478		X							X				X				
23	7479							SOM		X				X				
24	7480							SOM					SIB			X		
25	7481		X										CB			X		
26	7482							SOM		X						X		
27	7451							Brk	X						X			
28	7571		X						X						X			
29																		
30																		
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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)

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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117

FORM APPROVED
OMB NO. 0579-0160

L060476

TIME HORSES LOADED ON CONVEYANCE: 6:00 Pm	DATE: 08-19-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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.

USFP

	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	7551							SOR		X						X		
2	7552							AP		X				X				
3	7553		X							X						X		
4	7554							SOR	X					X				
5	7555		X										SN			X		
6	7556		X										SN			X		
7	7557							AP		X						X		
8	7558							SOR		X				X				
9	7559		X							X						X		
10	7560		X										mule			X		
11	7561		X						X							X		
12	7562		X						X							X		
13	7563		X						X					X				
14	7564							SOR	X					X				
15	7565		X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTH[redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada Gouvernement du Canada

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)

08-19-10

(Please type or print in ink)

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117

FORM APPROVED OMB NO. 0579-0160

E060477

SPP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Cremo	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	7566		X						X					X				
17	7568			X						X				X				
18	7569							SOR		X						X		
19	7570					X				X				X				
20	7634					X							mule	X				
21	7640					X				X				X				
22	7644		X							X				X				
23	7645		X							X				X				
24	7646		X										SN			X		
25	7647		X										SN	X				
26	7648		X										SN	X				
27	7649							AP		X						X		
28	7650		X							X				X				
29	7651							SOR		X					X			
30	7694		X							X				X				
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

114#

FORM APPROVED OMB NO. 0579-0160

L060450

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m. — DATE: 8/16/10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
[redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	7616		X							X				X				
2	7617							Sorr		X						X		
3	7618							Sorr		X						X		
4	7619							Sorr		X						X		
5	7620		X							X				X				
6	7621							Sorr		X						X		
7	7622							Sorr		X						X		
8	7623							Sorr		X						X		
9	7624							Sorr		X				X				
10	7625							Sorr		X						X		
11	7626							Sorr		X				X				
12	7627							Sorr		X				X				
13	7628							Sorr		X				X				
14	7629							Sorr			X			X				
15	7630							Sorr		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNA [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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.

114

FORM APPROVED OMB NO. 0579-0160

D060468

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7631					X				X				X				
17	7632					X				X				X				
18	7633					X				X				X				
19	7634	off				X				X			mull	X				
20	7635				X					X				X				
21	7636					X				X				X				
22	7637							grey					mull	X				
23	7638					X				X				X				
24	7639							Pinto		X				X				
25	7640	off				X				X				X				
26	7641					X				X				X				
27	7642		X							X				X				
28	7643					X				X				X				
29	7644	off	X							X				X				
30	7645	off	X							X				X				
31	7694	off	X							X				X				
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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[redacted] that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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112
FORM APPROVED
OMB NO. 0579-0160

L060466

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 08-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP	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	7662							Sorr		X				X				
2	7663							Rone		X						X		
3	7664							Ron		X						X		
4	7665				X					X						X		
5	7666							Sorr		X				X				
6	7667			X						X				X				
7	7668							Sorr		X				X				
8	7669							Sorr		X						X		
9	7670		X							X				X				
10	7671					X				X						X		
11	7672							Sorr		X				X				
12	7673		X							X				X				
13																		
14	7675							Sorr		X						X		
15	7676		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREB[redacted]ENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FOR[redacted]

Previous editions are obslete

PART 2 - OWNER/SHIPPER

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.

312

FORM APPROVED
OMB NO. 0579-0160

L060466

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7677					X				X						X		
17	7678							SM		X				X				
18	7679		X							X						X		
19	7680							SM		X				X				
20	7681		X							X				X				966 TRUCK
21	7682							SM		X				X				
22	7683							SM		X						X		
23	7684		X							X						X		
24	7685			X						X						X		
25	7686							PAI		X						X		
26	7687							SM		X				X				
27	7688		X							X				X				
28	7728					X				X				X				
29	7729		X						X					X				
30	7733		X						X							X		
31	7742		X						X						X			
32																		
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[redacted]ation contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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)

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115

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

USFP

	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	7572		X										SN			X		
2	7573		X						X					X				
3	7574							SM		X				X				
4	7575							SM		I			C/B			X		
5	7576							SM	X							X		
6	7577							SM		X				X				
7	7578							SM		X				X				
8	7579		X							X				X				
9	7580		X							X				X				
10	7581		X						X					X				
11	7582							SM	X					X				
12	7583							DW		X				X				
13	7584							SM	X	X				X				
14	7585							SM	X					X				
15	7586		X						X							X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted]MENT AND THE INFORMATION IN IT AS COMPLETE[redacted]ATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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115

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7587							SM	X							X		
17	7588							SM		X				X				
18	7589		X						X					X				
19	7590							SM		X				X				
20	7591		X						X							X		
21	7592		X										SN			X		
22	7593							SM				X		X				
23	7594							SM		X						X		
24	7595		X						X					X				
25	7596			X					X					X				
26	7597							SM		X				X				
27	7598		X							X						X		
28	7739							SM	X						X			
29																		
30																		
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32																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

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(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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113

FORM APPROVED OMB NO. 0579-0160

L060471

TIME HORSES LOADED ON CONVEYANCE: 9:00 pm	DATE: 8/15/12
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
[redacted] RIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	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	7680							SF		X				X				
2	7692							SOF		X						X		
3	7683					X				X				X				
4	7694		X							X				X			off	
5	7695		X							X				X				
6	7696							AP		X					X			
7	7697							PAI		X				X				
8	7698				X					X				X				
9	7699							Dun		X					X			
10	7700		X										SN	X				
11	7601		X										SN			X		
12	7602		X							X				X				
13	7603		X							X				X				
14	7604		X							X				X				
15	7605		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

113

FORM APPROVED OMB NO. 0579-0160

L060471

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7606							Scy		X				X				
17	7607		X							X				X				
18	7608		X							X				X				
19	7609		X							X				X				
20	7610							Scy		X						X		
21	7611		X							X						X		
22	7612		X							X						X		
23	7613		X							X				X				
24	7614			X						X						X		
25	7615							App		X				X				
26	7691				X					X				X				
27	7689					X				X						X		
28	7722				X					X				X				
29	7738	7737							App	X				X				
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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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143
FORM APPROVED
OMB NO. 0579-0160
L060498

TIME HORSES LOADED ON CONVEYANCE: 9:30 P.m.	DATE: 9/28/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] (b)(6)	AME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8386					X				X						X		
2	8387							SM		X						X		
3	8416		X						X					X				
4	8417		X						X					X				
5	8418					X				X				X				
6	8419							SM		X				X				
7	8420							SM		X						X		
8	8421					X				X						X		
9	8422							SM		X				X				
10	8475							R-Pot		X						X		
11	8502							SM		X				X				
12	8503		X							X						X		
13	8504		X										SN			X		
14	8505		X										SN	X				
15	8506		X										SN	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

Previous editions are obsolete

PART 1 - INSPECTOR

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.

143

FORM APPROVED OMB NO. 0579-0160

L060498

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

9/28/10

(Please type or print in ink)

	AE TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Prop	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8507		X										SN			X		
17	8508		X							X				X				
18	8509							AP		X				X				
19	8510				X					X						X		
20	8511		X							X				X				
21	8512		X										C/B	X				
22	8513			X						X				X				
23	8514							SM		X				X				
24	8515				X					X				X				
25	8516		X										SN			X		
26	8517							SM		X				X				
27																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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).

SIGNATUR[redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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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142

FORM APPROVED OMB NO. 0579-0160

D060497

TIME HORSES LOADED ON CONVEYANCE: 11:30 A.M.	DATE: 9/29/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8447							AP		X				X				
2	8448							Som		X				X				
3	8449				X					X				X				
4	8450					X				X						X		
5	8451							Som		X				X				
6	8452		X										S/N	X				
7	8453							Som	X					X				
8	8454		X							X				X				
9	8455		X										S/N	X				MOB
10	8456		X										SN	X				
11	8457		X										SN			X		
12	8458		X										SN	X				
13	8459							Som		X				X				
14	8460		X							X						X		
15	8461		X										SN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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) 9/29/10

(Please type or print in ink)

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142

FORM APPROVED OMB NO. 0579-0160

T060497

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8462		X										SIN			X		
17	8463							SOM		X				X				
18	8464		X										SIN			X		
19	8465												SN			X		
20	8473							SOM		X				X				
21	8474							AP		X						X		
22	8468			X						X						X		
23	8469		X							X				X				
24	8470		X							X				X				
25	8471		X							X				X				
26	8472							SOM		X				X				
27																		
28																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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SIGNATURE OF OWNER/S [redacted] his form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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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141

FORM APPROVED OMB NO. 0579-0160

L060495

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 9/28/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
[redacted] VER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	8476							PAI		X				X				
2	8477					X				X						X		
3	8478							Sorl		X						X		
4	8479							Sorl		X				X				
5	8480					X				X						X		
6	8481							Sorl		X				X				
7	8482					X				X				X				
8	8483							Sorl		X				X				
9	8484							Sorl		X				X				
10	8485							Sorl		X				X			off	
11	8486							Sorl		X						X		
12	8487				X					X				X				
13	8488					X				X				X				
14	8489							Sorl		X				X				
15	8490							Sorl		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR [redacted] (b)(6)

I HEREBY [redacted] OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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) 9/12/10

(b)(6)

(Please type or print in ink)

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141

FORM APPROVED OMB NO. 0579-0160

L060496

	TAG PREFIX	TAG NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8491		X							X				X				
17	8492					X				X				X				
18	8493							BSK		X				X				
19	8494		X										S/N			X		
20	8495							SOM					C/B			X		
21	8496							SOM		X				X				
22	8497							AP		X				X				
23	8498		X							X				X				
24	8499							SOM		X						X		
25	8500		X							X						X		
26	8501		X							X				X				
27	8466							SOM			X					X		
28	8467		X							X					X			
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
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Gouvernement du Canada

MB3

MB3

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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)

2 - 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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140 #
FORM APPROVED
OMB NO. 0579-0160
I060495

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 9/26/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	8193							Sorl		X				X				
2	8414				X								SN	X				
3	8415				X								SN	X				
4	8398					X		[redacted]		X				X				
5	8423							Sorl		X						X		
6	8424		X							X				X				
7	8425							Sorl		X				X				
8	8426		X							X						X		
9	8427							Sorl		X	X			X				
10	8428					X				X				X			off	
11	8429							Sorl		X				X				
12	8430							Sorl		X				X				
13	8431					X				X				X				
14	8432							Sorl		X				X				
15	8433		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT[redacted]

I HEREB[redacted]S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted]ormation contained in this form is true and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

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)

9/26/10

(b)(6)

(or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

1404

FORM APPROVED OMB NO. 0579-0160

L060495

USFP

	PREFIX	NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8434		X							X				X				
17	8435		X							X				X				
18	8436							SM		X				X				
19	8437							SM			X			X				
20	8438		X							X						X		
21	8439		X							X						X		
22	8440		X							X				X				
23	8441					X				X				X				
24	8442							SM		X						X		
25	8443							SM		X				X				
26	8444		X							X						X		
27	8445		X			X				X				X				
28	8446		X							X				X				
29																		
30																		
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32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
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AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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S (b)(6) rtify that the information contained in this form is true and correct to the best of my knowledge.)

2-2

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

L060494

TIME HORSES LOADED ON: 7:30 am [redacted] (b)(6) DATE: Sept 23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8388		X							X				X				
2	8389		X							X						X		
3	8390		X							X				X				
4	8391							SM		X				X				
5	8392							SM		X						X		
6	8393							SM		X				X				
7	8394		X							X				X				
8	8395					X				X				X				
9	8396					X				X				X				
10	8397		X							X				X				
11	8398					X				X				X			Offer	
12	8399							APPL		X						X		
13	8400							SM		X						X		
14	8401		X							X				X				
15	8402		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUT[redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED B[redacted]SIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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139#

FORM APPROVED OMB NO. 0579-0160

L060494

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8403							SM		X				X				
17	8404		X						X							X		
18	8405		X						X							X		
19	8406		X						X					X				
20	8407		X						X					X				
21	8408		X						X					X				
22	8409					X				X				X				
23	8410		X										SIN			X		
24	8411							SM	X					X				
25	8412							SM					SIB	X				
26	8413		X										SIN	X				
27	8414				X								SN	X			off	
28	8415				X								SN	X			off	
29	7911		X						X							X		
30	7912		X						X					X				
31	7909					A		APPI		X				X				
32	7910		X							X						X		
33	7908					X				X				X				
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Canada Food Inspection Agency
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

1394
FORM APPROVED
OMB NO. 0579-0160
L060494

TIME HORSES LOADED: 7.30am [redacted] (b)(6)

DATE: Sept 23/10

[redacted] (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	8388		X							X				X				
2	8389		X							X						X		
3	8390		X							X				X				
4	8391							Sorrel		X				X				
5	8392							Sorrel		X						X		
6	8393							Sorrel		X				X				
7	8394		X							X				X				
8	8395					X				X				X				
9	8396					X				X				X				
10	8397		X							X				X				
11	8398					X				X				X			—	off
12	8399							Appl		X						X		
13	8400							Sorrel		X						X		
14	8401		X							X				X				
15	8402		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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.

139

FORM APPROVED OMB NO. 0579-0160

D060494

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Cheshn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8403							SM		X				X				
17	8404		X						X							X		
18	8405		X						X							X		
19	8406		X						X					X				
20	8407		X						X					X				
21	8408		X						X					X				
22	8409					X				X				X				
23	8410		X										SIN			X		
24	8411							SM	X					X				
25	8412							SM					SIB	X				
26	8413		X										SIN	X				
27	8414				X								SN	X			off	
28	8415				X								SN	X			off	
29	7911		X						X							X		
30	7912		X						X					X				
31	7909							APPI		X				X				
32	7910		X							X						X		
33	7908					X				X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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137 #
FORM APPROVED
OMB NO. 0579-0160
L060492

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 9/21/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
[redacted] (b)(6) IVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	8332		X							X						X		
2	8333					X				X				X				
3	8334							Sorl		X				X				
4	8335					X				X						X		
5	8336							Sorl		X				X				
6	8337					X				X						X		
7	8338					X				X					X			
8	8339		X					APP		X				X				
9	8340							APP		X						X		
10	8341		X							X						X		
11	8342							APP		X				X				
12	8343		X							X				X				
13	8344				X					X				X				
14	8345							Buckskin		X						X		
15	8346							Buckskin		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIA[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

Previous editions are obsolete

PART 1 - INSPECTOR

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.

137#

FORM APPROVED OMB NO. 0579-0160

L060492

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

8:00pm 9/2/10

(Please type or print in ink)

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8347							Buff		X						X		
17	8348		X							X						X		
18	8349							Sorl		X						X		
19	8350							Sorl		X				X				
20	8351							Sorl		X				X				
21	8352		X							X						X		
22	8353		X							X				X				
23	8354							Ape		X				X				
24	8355			X						X				X				
25	8356							Sorl		X				X				
26	8357				X					X				X				
27	8358					X				X				X				
28	8359		X							X				X				
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

MEB

MEB

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).

SIGNAT[redacted] tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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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138

FORM APPROVED OMB NO. 0579-0160

L060493

TIME HORSES LOADED ON CONVEYANCE: 9:30 p.m.

DATE: 9/21/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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.

USFP

	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	8360							PAI		X				X				
2	8361				X					X				X				
3	8362							Sorr		X				X				
4	8363		X							X				X				
5	8364							Sorr		X				X				
6	8365		X							X						X		
7	8366							Sorr		X				X				
8	8367							Sorr		X				X				
9	8368							Sorr		X				X				
10	8369							Sorr		X				X				
11	8370							Sorr		X				X				
12	8371					X				X				X			MGB	
13	8372				X					X				X				
14	8373			X						X						X		
15	8374				X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORI[redacted] 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)

9/21/10

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.

138

FORM APPROVED
OMB NO. 0579-0160

L060493

[redacted]

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Poney	Other	SEX Mare	Stal	Gald	BRANDS Tattoos, etc.	REMARKS Include precaution
16	8375					X				X				X				
17	8376					X				X				X				
18	8377							Sorrel		X						X		
19	8378			X						X				X				
20	8379					X				X				X				
21	8380					X				X				X				
22	8381					X				X				X				
23	8382					X				X				X				
24	8383							Sorrel		X				X				
25	8384		X							X				X				
26	8385							Sorrel		X				X				
27																		
28																		
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER(certifi [redacted] true and correct to the best of my knowledge.)

2-2

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.

136 ✓

FORM APPROVED
OMB NO.
0579-0160

L060491

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 9/14/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

[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] 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.

USFP

	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	8191							Sorr		X				X				
2	8192		X							X				X				
3	8200		X							X				X				
4	8203							Sorr		X				X				
5	8207					X				X				X				
6	8212		X										SN			X		
7	8213		X										SN			X		
8	8215					X				X						X		
9	8248		X						X							X		
10	8250		X						X							X		
11	8252		X						X							X		
12	8253		X							X						X		
13	8254		X							X						X		
14	8265							Sorr		X				X				
15	8314							Sorr					SB			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE [redacted]

I HEREBY AUT[redacted] AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SI[redacted]rmation contained in this form is true and correct to the [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

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.

136 4

FORM APPROVED OMB NO. 0579-0160

L060491

JSFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8318		X						X							X		
17	8319							Sor			X					X		
18	8320							Sor		X				X				
19	8321		X							X						X		
20	8322		X							X						X		
21	8323		X							X				X				
22	8325					X				X					X			
23	8326							Sor		X				X		[illegible]		
24	8327							Sor		X				X				
25	8328		X							X						X		
26	8329		[illegible]					Sor		X						X		
27	8330		X							X				X				
28	8331		X							X				X				
29																		
30																		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF [redacted] n contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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.

135 #

FORM APPROVED
OMB NO. 0579-0160

20600490

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8190							SOY		X						X		
2	8194							SOY		X				X				
3	8195							SOY		X						X		
4	8204							APP		X				X				
5	8205					X				X				X				
6	8210							SOY					SIB			X		
7	8211							SOY	X					X				
8	8214		X										SN	X				
9	8216							SOY					SIB			X		
10	8249		X						X							X		
11	8251		X						X							X		
12	8256					X				X						X		
13	8257							APP		X						X		
14	8267				X					X				X				
15	8269		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted] AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the bes[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO[redacted]

Previous editions are obsolete

PAGE 1 OF ___

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.

135

FORM APPROVED OMB NO. 0579-0160

L060490

ISFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8305							SOM		X				X				
17	8306				X					X				X				
18	8307		X							X						X		
19	8308							SOM		X						X		
20	8309							Cream		X				X				
21	8310		X							X						X		
22	8311			X						X				X				
23	8312							SOM		X				X				
24	8313		X							X				X				
25	8209					X							S/B			X		
26	8208					X				X				X				
27	8315				X						X					X		
28	8316							SOM		X						X		
29	8317		X							X						X		
30	8324							DUN		X					X			
31																		
32																		
33																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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SIGNA[redacted] at the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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										X						X		
2										X				X				
3										X						X		
4										X				X				
5						X				X				X				
6																X		
7									X					X				
8			X											X				
9																X		
10			X						X							X		
11			X						X							X		
12						X				X						X		
13										X						X		
14					X					X				X				
15			X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8305							[illegible]		X				X				
17	8306				X					X				X				
18	8307		X							X						X		
19	8308							[illegible]		X						X		
20	8309							[illegible]		X				X				
21	8310		X							X						X		
22	8311			X						X				X				
23	8312							[illegible]		X				X				
24	[illegible]		X							X				X				
25	[illegible]					X							[illegible]	X		X		
26	[illegible]					X				X				X				
27	8315				X					X	X					X		
28	8316							[illegible]		X						X		
29	8317		X							X						X		
30	8324							Dun		X					X			
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Canadian Food Inspection Agency — Government of Canada — Agence canadienne d'inspection des aliments — Gouvernement du Canada — Veterinarian 1938

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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134

FORM APPROVED OMB NO. 0579-0160

L060489

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 9/14/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6) NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	8175		X							X				X				
2	8176							Sorl		X						X		
3	8177					X				X						X		
4	8178					X				X						X		
5	8202							Sorl		X					X			
6	8206			X						X				X				
7	8255					X				X				X				
8	8258							Sorl		X				X				
9	8259							Sorl		X				X				
10	8260							RR		X				X				
11	8261		X							X						X		
12	8262		X							X				X				
13	8263		X							X				X				
14	8264		X							X				X				
15	8266					X				X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

VS

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.

134

FORM APPROVED OMB NO. 0579-0160

L060489

[redacted]

	Prefix	No.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Poor	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	8270				X					X						X		
17	8271		X							X						X		
18	8272							Sor		X				X				
19	8273							Sor		X				X				
20	8275		X							X				X				
21	8277		X							X				X				
22	8299							Sor		X						X		
23	8300				X					X				X				
24	8301							Blk		X				X				
25	8302							Sor		X				X				
26	8303		X						X					X				
27	8304							Blk		X				X				
28	8268							Sor		X						X		
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIG[redacted] the information contained in this form is true and correct to the best of my knowledge.)

2-2

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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133 #

FORM APPROVED
OMB NO. 0579-0160

L060488

TIME HORSES LOADED ON CONVEYANCE: 9-30 p.m.

DATE: 9/13/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	8223		X							X				X				
2	8225		X							X				X				
3	8237						X			X						X		
4	8274							Dun		X						X		
5	8276					X				X				X				
6	8278							Sorr		X						X		
7	8279							Sorr		X				X		[illegible]		
8	8280							Sorr		X				X				
9	8281			X					X					X				
10	8282			X					X					X				
11	8283		X						X					X				
12	8284		X						X					X				
13	8285		X						X					X				
14	8286		X						X					X				
15	8287		X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted] DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V5

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.

133

FORM APPROVED OMB NO. 0579-0160

2060488

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	CT	Draft	Pony	Other	Mare	Stal	Geld		
16	8288							Sorr	X					X				
17	8289		X						X					X				
18	8290		X						X					X				
19	8291		X						X					X				
20	8292		X						X					X				
21	8293							Sorr		X				X				
22	8294		X							X						X		
23	8295					X				X						X		
24	8296							Sorr		X				X				
25	8297					X				X				X				
26	8298							Sorr		X				X				
27																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

PB

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SIGNATURE OF OWNER/SHIPPER (cert [redacted] is true and correct to the best of my knowledge.)

(b)(6)

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.

132 #

FORM APPROVED
OMB NO.
0579-0180

L060487

TIME HORSES LOADED ON CONVEYANCE: 8:00am

DATE: 9/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6) R'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	8217				X					X						X		
2	8218				X					X				X				
3	8219				X					X						X		
4	8220				X					X				X				
5	8221				X					X				X				
6	8222				X					X						X		
7	8223		X							X				X			off	
8	8224		X							X				X				
9	8225		X							X				X			off	
10	8226				X					X						X		
11	8227							Sorr		X				X				
12	8228							Sorr		X						X		
13	8229							Sorr		X						X		
14	8230							Sorr		X				X				
15	8231							Sorr		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM[redacted] (b)(6) NCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted] (b)(6) OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO[redacted] (b)(6)

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.

132#

FORM APPROVED OMB NO. 0579-0160

L060487

ISFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	CB	Dairy	Pony	Other	Mare	Stal	Geld		
16	8232					X				X					X			
17	8233		X							X						X		
18	8234				X					X				X				
19	8235							BM		X						X		
20	8236		X							X						X		
21	8237						X			X						X	off.	
22	8238		X							X						X		
23	8239						X			X				X				
24	8240				X					X				X				
25	8241							BM		X				X				
26	8242							BM		X				X				
27	8243		X							X				X				
28	8244				X					X				X				
29	8245							DW		X				X				
30	8246		X							X				X				
31	8247				X					X				X				
32																		
33																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
1183

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 [redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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.

131A

FORM APPROVED
OMB NO. 0579-0160

L060486

TIME HORSES LOADED ON CONVEYANCE: 7:00AM

DATE: 09-09-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8110							Soy		X				X				
2	8135		X							X				X				
3	8136				X					X				X				
4	8137		X							X				X				
5	8138							Rove		X				X				
6	8139		X							X				X				
7	8140							PAI		X						X		
8	8141					X				X				X				
9	8143							Soy		X				X				
10	8144							Soy		X						X		
11	8145							Soy		X				X				
12	8146							Dun		X				X				
13	8147		X							X				X				
14	8149							Rove		X				X				
15	8173		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AU (b)(6) OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V5 (b)(6)

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) 08-09-10

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.

131H

FORM APPROVED OMB NO. 0579-0160

L060486

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8174		X							X				X				
17	8176		X							X				X				
18	8177								X							X		
19	8178		X						X					X				
20	8179		X						X							X		
21	8180		X						X							X		
22	8181		X						X							X		
23	8182		X										SN			X		
24	8183						X			X						X		
25	8184		X						X					X				
26	8185		X						X					X				
27	8186								X					X				
28	8187		X						X							X		
29	8188								X					X				
30	8189		X							X						X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

HB3

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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130#

FORM APPROVED OMB NO. 0579-0160

T.060485

TIME HORSES LOADED ON CONVEYANCE: 8:30pm	DATE: 9/8/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8122					X				X					X			
2	8130							Sorr		X						X		
3	8134							Sorr		X				X				
4	8142					X				X						X		
5	8148				X					X						X		
6	8150		X							X						X		
7	8151		X							X						X		
8	8152							Sorr		X				X				
9	8153		X							X						X		
10	8154							Dun		X				X				
11	8155							Dun		X				X				
12	8156							Dun		X				X				
13	8157			X						X				X				
14	8158		X							X			SN			X		
15	8159							Sorr		X			S	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

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.

130#

FORM APPROVED OMB NO. 0579-0160

L060485

ISPP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8160							SOM		X						X		
17	8162		X							X				X				
18	8163							SOM		X						X		
19	8164							SOM		X						X		
20	8165							SOM		X				X				
21	8166							SOM		X				X				
22	8167		X							X						X		
23	8168							SOM		X						X		
24	8169							SOM		X				X				
25	8170							SOM		X						X		
26	8171		X							X				X				
27	8172							SOM		X				X				
28	8161		X							X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIG[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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.

165

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 pm

DATE: 10-31-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VE [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	0124							Sor		X				X				
2	0029				X					X				X				
3	0041					X				X						X		
4	0042							Sor		X						X		
5	0080							AP		X				X				
6	0087							Sor		X						X		
7	0089							Sor		X				X				
8	0090							AP		X				X				
9	0092							Sor		X						X		
10	0094							PAI		X				X				
11	0095							Sor		X						X		
12	0097							Sor		X				X				
13	0098							Sor		X				X				
14	0099							AP		X				X				
15	0100					X				X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

VS [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

PART 1 - INSPECTOR

165

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

	TA[redacted] PREFIX	NO.	Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0101		X							X				X				
17	0104			X						X				X				
18	0105		X							X				X				
19	0107							Sor		X						X		
20	0108							Pal		X						X		
21	0113							Pal		X				X				
22	0116		X							X						X		
23	0117							Sor		X				X				
24	0120			X						X				X				
25	0123							Sor		X				X				
26	0126							Sor		X						X		
27																		
28																		
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SIGNATURE [redacted] tion contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

2060401

TIME HORSES LOADED ON CONVEYANCE: [illegible] / DATE: 10/31/1[illegible]	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
[redacted] AME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	2917						X			X					X			
2	8587		X						X							X		
3	0062		X							X				X			off	
4	0091		X							X				X				
5	0103				X					X				X				
6	0109						X			X				X				
7	0110		X							X						X		
8	0112		X							X				X				
9	0114		X							X				X				
10	0121						X			X				X				
11	0122						X			X				X				
12	0123						X			X				X			obl	
13	0132						X		X					X				
14	0133		X						X					X				
15	0134		X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060401

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QH	Draft	Pony	Other	Mare	Stal	Gold		
16	0135		X						X					X				
17	0136						X						C/B	X				
18	0137		X						X					X				
19	0138				X				X					X				
20	0139						X						C/B	X				
21	0140		X						X					X				
22	0141		X						X					X				
23	0142		X						X					X				
24	0143						X		X					X				
25	0144		X										C/B	X				
26	0145		X						X					X				
27	0146		X						X					X				
28	0147						X		X					X				
29																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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146
FORM APPROVED
OMB NO. 0579-0160
1060251

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m.

DATE: 10/4/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☐ Horses are able to bear weight on all 4 limbs.
- ☐ Foals are older than 6 months of age.
- ☐ Horses are not blind in both eyes.
- ☐ Horses are able to walk unassisted.

USFP

	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	8428					X				X				X				
2	8485							SOR		X				X				
3	8618							SOR					RL			X		
4	8520							SOR		X				X				
5	8524		X							X				X				
6	8525							SOR		X				X				
7	8526							SOR		X						X		
8	8527		X						X							X		
9	8528							SOR	X							X		
10	8551		X						X					X				
11	8552							SOR	X					X				
12	8553			X						X						X		
13	8588			X						X						X		
14	8589							SOR		X				X				
15	8590							SOR		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNA[redacted] contained in this form is true and correct to the be[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. MBB

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

10 [illegible] 10/1/10

(b)(6)

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146

FORM APPROVED OMB NO. 0579-0160

L060251

	TAG PREFIX	TAG NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8591						X			X				X				
17	8615		X						X					X				
18	8616		X										N			X		
19	8617							PL		X						X		
20	8618					X				X				X				
21	8619					X				X				X				
22	8620							CR		X						X		
23	8621							SOR		X						X		
24	8622				X					X				X				
25	8623							SOR		X				X				
26	8624							AP		X				X				
27																		
28																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SI[redacted]fy that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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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145

FORM APPROVED OMB NO. 0579-0160

L060500

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 10/4/10
[redacted] IVER'S NAME: (b)(6)	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8859		X										SN			X		
2	8862		X										CB	X				
3	8861			X						X				X				
4	[illegible]							SOR		X				X				
5	8863				X					X				X				
6	8864		X							X				X				
7	8865							SR		X						X		
8	8867							SR		X						X		
9	8868							SR		X						X		
10	8869				X					X				X				
11	8870		X							X				X				
12	8871				X					X				X				
13	8872				X					X				X				
14	8873							AP		X				X				
15	8874							SOR		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO[redacted]

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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145H

FORM APPROVED OMB NO. 0579-0160

L060500

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8575							SOR		X				X				
17	8576							SOR		X				X				
18	8577							SOR		X						X		
19	8578					X				X				X				
20	8579		X							X				X				
21	8580		X							X						X		
22	8581							SOR		X				X				
23	8582		X							X				X				
24	8583		X							X				X				
25	8584		X							X						X		
26	8585					X				X				X				
27	8586		X							X				X				
28	8626					X				X				X				
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIG [redacted] that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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

L060268

TIME HORSES LOADED: 7:30am [redacted] (b)(6) DATE: Oct 28/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6923							B/S		X						X		
2	8998						X			X				X				
3	0025						X			X						X		
4	0026							APP		X						X		
5	0027		X							X						X		
6	0030		X							X				X				
7	0032		X							X				X				
8	0033						X			X						X		
9	0034		X							X						X		
10	0035					X				X						X		
11	0036						X			X						X		
12	0037		X							X				X				
13	0038		X							X						X		
14	0039		X							X				X				
15	0040		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]CUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060268

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Green~~ Red	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0046						X		X					X				
17	0057		X							X				X				
18	0058		X							X						X		
19	0059				X					X						X		
20	0060						X			X					X			
21	0061					X				X						X		
22	0062		X							X				X				
23	0063		X							X				X				
24	0064		X							X				X				
25	0065		X							X						X		
26	0066		X							X						X		
27	0067		X							X						X		
28	0068		X							X				X				
29	0069		X							X						X		
30	0070					X				X						X		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

22

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

L060256

TIME HORSES LOADED ON CONVEYANCE: 8:00am	DATE: 10/12/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] VER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	8636		X							X						X		
2	8702							SOM					SIB	X				
3	8710				X					X				X				
4	8714							APPI		X						X		
5	8717							RSN		X				X				
6	8720					X				X						X		
7	8737				X					X				X				
8	8746					X				X				X				
9	8764					X				X				X				
10	8765		X							X				X				
11	8766				X					X						X		
12	8767					X				X				X				
13	8768					X				X				X				
14	8769							SOM		X				X				
15	8770					X				X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE [redacted]

I HEREBY AUTHORIZ[redacted]ENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM [redacted] 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) 10/12/10

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.

151

FORM APPROVED OMB NO. 0579-0160

D060256

ISPP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cremo	Other	TB	CT	Draft	Poney	Other	Mare	Stal	Geld		
16	8771							APP		X						X		
17	8791				X					X						X		
18	8792							SM	X							X		
19	8793		X							X				X				
20	8794				XX					X						X		
21	8795				X			APP		X				X				
22	8796		X						X						X			
23	8797		X						X							X		
24	8798				X				X					X				
25	8799	X	X						X							X		
26	8801							SM	X							X		
27	8802							SM		X				X				
28	8803		X						X					X				
29																		
30																		
31																		
32																		
33																		
34																		
35					X													
36																		80
37																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

88

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).

SIG[redacted]al the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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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152
FORM APPROVED
OMB NO. 0579-0160
L060257

TIME HORSES LOADED: 8:00am [redacted] (b)(6) DATE: Oct.13/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	8732			X						X						X		
2	8733					X				X				X				
3	8734				X			SM		X						X		
4	8735				X					X				X				
5	8740		X							X						X		
6	8741		X							X				X				
7	8742							APP		X						X		
8	8743		X							X				X				
9	8747					X				X						X		
10	8750		X							X				X				
11	8773							SM		X				X				
12	8774		X							X						X		
13	8775							SM		X				X				
14	8776							SM		X				X				
15	8777	10	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

152

FORM APPROVED OMB NO. 0579-0160

L060257

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8778		X							X				X				
17	8779		X							X						X		
18	8780		X							X						X		
19	8781				X					X				X				
20	8782		X							X						X		
21	8783			X						X				X			off	
22	8784							Sm		X				X				
23	8785		X							X						X		
24	8786							Sm		X						X		
25	8787		X							X				X				
26	8788							Sm		X				X				
27	8789		X							X				X				
28	8790		X							X				X				
29	8800		X							X						X		
30	8809					X				X						X		
31	8680																	
32								Sm		X					X			
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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).

SIGNAT[redacted]ertify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2 - 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.

194

FORM APPROVED OMB NO. 0579-0160

L060499

TIME HORSES LOADED O: 7:30am [redacted] (b)(6)

DATE: Sept. 30/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	8519							Sorr		X						X		
2	8522		X						X					X				
3	8523		X							X				X				
4	8529							Dun		X						X		
5	8530							Red/Roan		X				X				
6	8531		X							X				X				
7	8532		X							X				X				
8	8533		X							X						X		
9	8534					X				X						X		
10	8535							Sorr					CJB	X				
11	8536							Sorr		X						X		
12	8537			X						X				X				
13	8538							PAI		X				X				
14	8539							Sorr		X				X				
15	8540							Dun		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted] THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAV[redacted]ER FACILITY

[redacted]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

144

FORM APPROVED OMB NO. 0579-0160

L060499

	TAG PREFIX	Tag NO.	BREED/TYPE: Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8541					X				X						X		
17	8542			X						X				X				
18	8543							SM					CB	X				
19	8544							SM					HF	X				
20	8545					X				X						X		
21	8546		X						X					X				
22	8547		X						X					X				
23	8548							SM	X							X		
24	8549							SM	X					X				
25	8550		X						X					X				
26	8554		X						X					X				
27	8555		X						X					X				
28	8556		X						X					X				
29	8557					X			X					X				
30	8558							SM	X					X				
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

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SIGN[redacted]ify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

2-2

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.

147
FORM APPROVED
OMB NO. 0579-0160
2060252

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 10/6/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] VER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☐ Horses are able to bear weight on all 4 limbs.
- ☐ Foals are older than 6 months of age.
- ☐ Horses are not blind in both eyes.
- ☐ Horses are able to walk unassisted.

USFP

	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	8592		X							X						X		
2	8593					X				X						X		
3	8594		X							X				X				
4	8595					X				X				X				
5	8596							SOR		X						X		
6	8597							SOR					SIO	X				
7	8598		X							X				X				
8	8599							SOR		X				X				
9	8600				X					X				X				
10	8601		X						X					X				
11	8602							SOR			X			X				
12	8603					X				X				X				
13	8604							SOR		X						X		
14	8605							SOR	X					X				
15	8606					X			X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUT[redacted]ENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the bes[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
8:00am (CONTINUATION SHEET) 6/6/10
(Type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

147
FORM APPROVED
OMB NO. 0579-0160
406 0252

(b)(6)

	PREFIX	NO.	COLOR DESCRIPTION Bay	Gray	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Poop	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8607					X				X						X		
17	8608							SOR		X						X		
18	8609		X						X							X		
19	8610							SOR	X							X		
20	8611		X										SN			X		
21	8612		X										SN	X				
22	8613		X										SN	X				
23	8614		X										SN			X		
24	8625		X							X						X		
25	8630		X							X						X		
26	8627			X						X				X				
27	8628							Rodkin		X				X				
28	8629							SOR		X						X		
29																		
30																		
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Canada Food Inspection Agency
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

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SIGNATURE OF [redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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

L060253

TIME HORSES LOADED: 7:30am [redacted] (b)(6) DATE: Oct 6/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8637							Sorr		X						X		
2	8638							Sorr		X						X		
3	8639							Pal/Pw		X						X		
4	8640							Sorr		X				X				
5	8641		X										SIB			X		
6	8642							APA		X				X		X		
7	8643					X				X				X		X		
8	8644							APA		X						X		
9	8645							Sorr		X				X				
10	8646							Sorr		X						X		
11	8647		X										SN			X		
12	8648		X							X				X				
13	8649		X							X				X				
14	8650							Sorr		X				X				
15	8651		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS I[redacted]

SIGNATU[redacted] (b)(6)

I HEREB[redacted]HE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8652				X					X						X		
17	8653							Appl		X						X		
18	8654					X				X				X				
19	8655							SM		X				X				
20	8656							SM		X						X		
21	8657		X							X				X				
22	8658		X							X				X				
23	8659		X							X						X		
24	8660							SM		X				X				
25	8661		X							X				X				
26	8662							SM		X				X				
27	8663		X							X				X				
28	8664							SM		X				X				
29	8665							SM		X			GB			X		
30	8666		X							X						X		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify [redacted] is true and correct to the best of my knowledge.)

(b)(6)

Z-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

L060255

TIME HORSES LOADED ON CONVEYANCE: 9:45 p.m.

DATE: 10/10/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	8635				X					X						X		
2	8669					X				X						X		
3	8681							SOR		X						X		
4	8689		X							X						X		
5	8690		X							X						X		
6	8697				X					X				X				
7	8699							SOR	X					X				
8	8701							SOR		X				X				
9	8703							SOR		X						X		
10	8704		X							X						X		
11	8705					X				X						X		
12	8707		X							X						X		
13	8708							RUNC		X				X				
14	8709							SOR		X				X				
15	8715							SOR		X				X				

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

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)

9 16/10/10

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060255

USFPA 5-79 ESS

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8718							SOR		X						X		
17	8719		X							X						X		
18	8751		X							X				X				
19	8753					X				X				X				
20	8754							SOR		X						X		
21	8756							AP		X						X		
22	8757					X				X				X				
23	8759		X							X				X				
24	8760		X						X					X				
25	8761							SOR	X					X				
26	8762		X						X					X				
27																		
28																		
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATU [redacted] that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-C

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.

149

FORM APPROVED OMB NO. 0579-0160

T.060254

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 10/10/10
[redacted] RIVER'S NAME	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
[redacted] R) NAME: Rotz's Livestock,Bruce	NAME OF AUCTION/MARKET: Rotz's Livestock
STREET ADDRESS: 457 Airport Rd.	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	STREET ADDRESS: 595 Rue Royale
AREA CODE & TELEPHONE NO.: 717-532-5691	CITY, STATE, ZIP CODE: Massueville,QU. Canada
	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	8631							SOR		X				X				
2	8632		X							X				X				
3	8633					X				X						X		
4	8634				X					X				X				
5	8636																off	
6	8667							SOR		X				X				
7	8668					X				X						X		
8	8670							SOR		X				X				
9	8671							SOR		X				X				
10	8672					X				X				X				
11	8682		X							X				X				
12	8683							PI		X				X				
13	8684							SOR		X				X				
14	8685							SOR		X						X		
15	8686		X							X				X				

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted]

I HEREB[redacted] DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM [redacted] Previous editions are obsolete

PART 1 - INSPECTOR

149

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Brown 1/10/10

(Type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060254

[redacted] (b)(6)

	[redacted]		COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8687				X					X						X		
17	8688					X				X						X		
18	8690					X				X				X				
19	8691							SOR		X				X				
20	8692		X							X				X				
21	8693				X					X						X		
22	8694				X					X				X				
23	8695							SOR		X						X		
24	8698		X							X						X		
25	8712					X				X				X				
26	8716				X					X				X				
27	8755							AP		X						X		
28																		
29																		
30																		
31																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada

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SIG[redacted] (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

2-2

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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154L
FORM APPROVED
OMB NO. 0579-0160
L060258

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 10/17/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] R'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
[redacted] AME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	8679		X						X					X			off	
2	5772		X							X					X			
3	8805							SOM	X					X				
4	8807		X						X					X				
5	8808							SOM	X							X		
6	8809		X						X							X		
7	8813							SOM		X				X				
8	8817					X				X				X				
9	8818							APP		X				X				
10	8819							SOM		X				X				
11	8820							APP		X				X				
12	8821							SOM		X				X				
13	8822							SOM		X				X				
14	8824							SOM		X				X				
15	8826							APP		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted]

I HEREB[redacted]E THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V[redacted]

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)

[redacted] (print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

154

FORM APPROVED OMB NO. 0579-0160

L060258

USDA

	TAG PREFIX	NO.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald	BRANDS Tattoos, etc.	REMARKS Include precaution
16	8828		X							X				X				
17	8829							PL		X						X		
18	8830							SOT		X				X				
19	8831							APP		X				X				
20	8834							SOT		X						X		
21	8835					X				X				X				
22	8836					X				X				X				
23	8841				X					X						X		
24	8842		X										SB			X		
25	8847							PL		X				X				
26	8848		X							X				X			off	
27	8852				X					X				X				
28	8853				X					X				X				
29	8885					X				X				X			off	
30	8886				X					X				X				
31	8887		X							X				X				
32																		
33																		
34																		
35																		
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SIGNA[redacted]y that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

2-2

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.

153

FORM APPROVED
OMB NO. 0579-0160

L060259

TIME HORSES LOADED: 7:00pm [redacted] (b)(6)

DATE: Oct/14/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	8854		X							X						X		
2	8855							Sorr		X						X		
3	8856							Sorr		X						X		
4	8857							APP		X						X		
5	8858							Sorr		X				X				
6	8859					X				X						X		
7	8860		X							X						X		
8	8861					X				X				X				
9	8862							APP		X						X		
10	8863		X							X						X		
11	8864							Sorr		X				X				
12	8865					X				X				X				
13	8866		X							X				X				
14	8867					X				X				X				
15	8868							Sorr		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM[redacted]NCE.

SIGNATUR[redacted] (b)(6)

I HEREBY [redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

S[redacted]formation contained in this form is true and correct to th[redacted] (b)(6)

V[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAV[redacted]ER FACILITY
[redacted](CON[redacted]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

153

FORM APPROVED OMB NO. 0579-0160

1060259

	PREFIX	NO.	Bay	Grey	Blk.	Palo	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
			BREED/TYPE											SEX				
16	8869		X							X						X		
17	8870					X				X				X				
18	8871					X				X				X				
19	8872					X				X				X				
20	8873					X				X				X				
21	8874							SOM		X				X				
22	8875		X							X				X				
23	8876		X							X						X		
24	8877			X						X				X				
25	8878				X					X						X		
26	8700			X						X				X				
27	8706			X						X				X				
28	8711							SOM		X						X		
29	8712					X				X				X				
30	8833					X				X				X				
31																		
32																		
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SIGNA[redacted]y that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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.

157 A
FORM APPROVED
OMB NO. 0579-0160
L060262

TIME HORSES LOADED O[redacted] (b)(6) 9:00am

DATE Oct 21/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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.

USFP

	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	8679		X						X					X				
2	8722		X							X				X				
3	8726		X							X				X				
4	8727							Sorr		X				X				
5	8728		X							X						X		
6	8744					X				X						X		
7	8745							Sorr		X						X		
8	8763		X						X					X				
9	8888		X							X				X				
10	8919							Sorr		X				X				
11	8920							Sorr		X						X		
12	8921							PAL		X				X				
13	8922							APPI		X				X				
14	8923					X				X						X		
15	8924							Sorr		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAV[redacted]ER FACILITY
(CONT[redacted])

(b)(6)

(b)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

157

FORM APPROVED OMB NO. 0579-0160

L060262

USPS

	T[redacted] PR[redacted]	NO.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	BREED/TYPE QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8925							SM		X						X		
17	8926							APPI		X				X				
18	8927							SM		X				X				
19	8928							SM		X						X		
20	8929							APPI		X				X				
21	8930							Cream		X						X		
22	8931					X				X						X		
23	8932		X							X						X		
24	8933							SM		X				X				
25	8934							SM		X				X				
26	8935							SM		X						X		
27	8936		X							X				X				
28	8937							SM	X							X		
29	8938			X					X							X		
30	8939		X							X				X				
31																		
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SIG[redacted] certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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.

161

FORM APPROVED
OMB NO. 0579-0160

L060266

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m.

DATE: 10/26/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	0001			X					X							X		
2	0006							SOR		X				X				
3	0009		X							X						X		
4	0012					X				X						X		
5	0014							SOR		X						X		
6	6920		X							X				X				
7	6921		/					Picture		X						X		
8	6922		X							X				X				
9	6927			X						X						X		
10	6929			X						X						X		
11	6932		X										SN	X				
12	6935		X										SN			X		
13	6936		X										SN			X		
14	6937							SOR		X						X		
15	6939		X										SN	X				

HORSES HAVE H[redacted] MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIA[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SI[redacted] rue and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink) 10/26/10

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.

161

FORM APPROVED OMB NO. 0579-0160

1060266

USFP

[redacted] (b)(6)

											BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
											[redacted]	Draft	Pony	Other	Mare	Stal	Geld		
16	6940		X								X				X				
17	6941		X											SN			X		
18	6944							SM			X						X		
19	6945		X								[redacted]			C/B	X				
20	6946		X								X						X		
21	6950							SM			X				X				
22	7913		X											SIN			X		
23	7916		X											SIN	X				
24	8896					[redacted]		SM			X						X		
25	8986					X					X				X				
26	8988		X						X								X		
27	8992							SM			X				X				
28	8994		X								X						X		
29	8995					X					X				X				
30	8996		X								X				X				
31																			
32																			
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SIGNATURE OF OWN[redacted]mation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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162 #
FORM APPROVED
OMB NO. 0579-0160

T060267

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m.

DATE: 10/26/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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.

USFP

	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	6919						X			X				X				
2	6923							B/SINK		X						X	off	
3	6933						X			X				X				
4	7917						X			X					X		off	
5	8912					X				X					X		off	
6	8983		X							X				X				
7	8984		X							X				X				
8	8985				X					X				X				
9	8989		X							X				X				
10	8990						X			X				X				
11	9000		X							X				X				
12	0003						X			X						X		
13	0004		X							X						X		
14	0005						X			X				X				
15	0007				X					X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

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)

10/20/10

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.

162#

FORM APPROVED OMB NO. 0579-0160

L060267

ISPD [redacted] (b)(6)

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Sheath	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0018		X							X				X				
17	0020		X							X						X		
18	0021						X			X						X		
19	0045		X							X				X				
20	0046						X			X				X			off	
21	0047				X					X				X				
22	0048		X							X				X				
23	0049				X					X				X				
24	0050						X			X						X		
25	0052		X							X						X		
26	0053				X					X				X				
27	0054		X							X				X				
28	0055		X							X						X		
29	0056						X			X				X				
30	0057		X							X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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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160K

FORM APPROVED
OMB NO. 0579-0180

L060265

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 10/25/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6) S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Horses are able to bear weight on all 4 limbs.
- [ ] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	0002				X				X					X				
2	0008							Spot		X				X				
3	0010						X			X				X				
4	0011							Spot		X				X				
5	0013							PL		X				X				
6	0015		X							X				X				
7	0016		X							X						X		
8	0019							Bay/Blk		X						X		
9	0022							Spot		X				X				
10	6924		X					Spot		X						X		
11	6925							PL		X				X				
12	6926		X							X						X		
13	6928		X							X				X				
14	6930				X								Slip	X				
15	6931		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted] (b)(6)

SIGNATURE [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

VS

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.

L060265

FORM APPROVED OMB NO. 0579-0160

160#

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6934				X					X				X				
17	6938		X										S/N			X		
18	6942				X								C/B			X		
19	6943							Sorl		X						X		
20	6947							Sorl		X						X		
21	6948							Sorl		X						X		
22	6949		X										S/N			X		
23	7914							Sorl		X						X		
24	7915							PAI		X				X				
25	8987							Sorl		X						X		
26	8991							Sorl		X						X		
27	8993							Sorl		X				X				
28	8999		X							X						X		
29																		
30																		
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

157

FORM APPROVED OMB NO. 0579-0160

L060262

TIME HORSES LOADED O [redacted] DATE 9:00am [redacted] 21/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

[redacted]

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	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	8679		X						X					X				
2	8722		X							X				X				
3	8726		X							X				X				
4	8727							SM		X				X				
5	8728		X							X						X		
6	8744					X				X						X		
7	8745							SM		X						X		
8	8763		X						X					X				
9	8888		X							X				X				
10	8919							SM		X				X				
11	8920							SM		X						X		
12	8921							PAL		X				X				
13	8922							APPI		X				X				
14	8923					X				X						X		
15	8924							SM		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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.

157

FORM APPROVED OMB NO. 0579-0160

L060262

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8925							SM		X						X		
17	8926							APPI		X				X				
18	8927							SM		X				X				
19	8928							SM		X						X		
20	8929							APPI		X				X				
21	8930							Cream		X						X		
22	8931					X				X						X		
23	8932		X							X						X		
24	8933							SM		X				X				
25	8934							SM		X				X				
26	8935							SM		X						X		
27	8936		X							X				X				
28	8937							SM	X							X		
29	8938			X					X							X		
30	8939		X							X				X				
31																		
32																		
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[redacted] certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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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159# FORM APPROVED OMB NO. 0579-0160

L060264

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 10/24/16
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	8721					X				X				X				
2	8731							Sorl		X						X		
3	8851		X							X				X				
4	8940					X				X				X				
5	8941		X						X					X				
6	8942		X						X					X				
7	8943		X						X					X				
8	8946		X						X					X				
9	8947		X						X					X				
10	8965		X							X						X		
11	8966							Sorl		X		X				X		
12	8967							Corr		X		X		X				
13	8968							Dun		X						X		
14	8969							Sorl		X				X				
15	8970		X							X				X		X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS [redacted]

Previous editions are obsolete

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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159H

FORM APPROVED OMB NO. 0579-0160

L060246

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(b)(6)

	DESCRIPTION								BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
	PREFIX	NO.	Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8971							APP		X				X				
17	8972					X				X				X				
18	8973					X				X				X				
19	8974							Red		X				X				
20	8975		X							X						X		
21	8976							Sor		X						X		
22	8977							Red		X				X				
23	8978		X							X				X				
24	8979					X				X						X		
25	8980		X							X						X		
26	8981		X							X				X				
27	8982		X							X				X				
28	8903		X						X									
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

156
FORM APPROVED
OMB NO. 0579-0160
L060261

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 10/14/10
[redacted] R'S NAME	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	8885					X				X				X				
2	8888		X							X				X			offer	
3	8889							Gol	X							X		
4	8890			X						X				X				
5	8891		X							X				X				
6	8892		X							X				X				
7	8893							Gol		X				X				
8	8894							Gol		X				X				
9	8895				X					X						X		
10	8896							Gol		X						X		
11	8897							Gol		X				X				
12	8898							Buck		X						X		
13	8899							Gol		X				X				
14	8900		X							X				X				
15	8901		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM[redacted]CE.

SIGNATUR[redacted]

I HEREBY [redacted]CUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
ACTING INSPECTOR

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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156

FORM APPROVED OMB NO. 0579-0160

L060261

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

8:00am 10/4/10

(b)(6)

(Print in Ink)

JSFP

	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	CT	Draft	Poor	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
			R DESCRIPTION						BREED/TYPE					SEX				
16	8902							507		X				X				
17	8904		X						X							X		
18	8905							507		X				X				
19	8906					X				X				X				
20	8907		X							X				X				
21	8908				X					X						X		
22	8909		X							X				X				
23	8910		X						X					X				
24	8911		X							X				X				
25	8913					X				X				X				
26	8914					X				X						X		
27	8915			X						X						X		
28	8916		X							X						X		
29	8917					X				X				X				
30	8918							507		X				X				
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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158
FORM APPROVED
OMB NO. 0579-0160
L060263

TIME HORSES LOADED ON CONVEYANCE: 8:30 pm

DATE: 10-21-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	8625		X							X				X				
2	8676							APP		X				X				
3	8723							SOL		X						X		
4	8724		X							X				X				
5	8729					/		RROY		X				X				
6	8730					X				X						X		
7	8736							SOL		X				X				
8	8748							APP		X						X		
9	8749		X							X						X		
10	8948		X							X				X		X		
11	8949		X							X				X				
12	8950		X							X						X		
13	8951							SOL		X						X		
14	8952				X					X						X		
15	8953							DUN		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]T AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

158

FORM APPROVED OMB NO. 0579-0160

L060263

[redacted]

									BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
									QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8954				X				X				X				
17	8955		X						X				X				
18	8956		X						X						X		
19	8957							Black	X						X		
20	8958							Red	X				X				
21	8959							Sorrel	X				X				
22	8960		X						X						X		
23	8961		X						X						X		
24	8962							Red	X				X				
25	8963							Sorrel	X				X				
26	8964		X						X						X		
27	8952					X			X					X			
28	8745		X						X				X				
29																	
30																	
31																	
32																	
33																	
34																	
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

L060284

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	0533		X					ST	X									
2	0649							PaL		X						X		
3	0657						X	MULE						X				
4	0658						X	MULE						X				
5	0663		X							X						X		
6	0665						X			X				X				
7	0666						X	WH								X		
8	0673						X			X						X		
9	0674		X							X						X		
10	0676						X			X						X		
11	0678						X			X				X				
12	0680						X			X						X		
13	0681						X			X				X				
14	0683							CREAM		X						X		
15	0685							PAIN		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIAT[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHO[redacted] THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF O[redacted] in this form is true and correct to the best of my know[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060284

SFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0687		X						X							X	off	
17	0688						X			X				X				
18	0689							PAINT		X				X				
19	0694							PAL		X						X		
20	0700		X										SN			X		
21	0702		X							X						X		
22	0703							PAINT		X						X		
23	0705						X			X						X		
24	0706						X			X				X				
25	0707						X			X				X				
26	0712						X			X						X		
27	0716		X						X					X				
28	0720		X						X							X		
29	0721		X						X					X				
30	0722			X						X						X		
31	0723		X							X						X		
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATI OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 (IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

S [redacted] hat the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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183

FORM APPROVED OMB NO. 0579-0160

L060290

TIME HORSES LOADED ON CONVEYANCE: 8pm	DATE: 11-28-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	0604				X					X						X		
2	0588		X						X					X				
3	0572		/				X						Poy			X	off	
4	0575		X						X					X				
5	0577						X			X						X		
6	0583						X			X				X				
7	0595		X							X						X		
8	0593		X							X						X		
9	0603		X							X				X				
10	0582						X			X				X				
11	0594					X				X						X		
12	0591		X							X				X				
13	0597				X					X						X	off	
14	0585		X							X						X		
15	0584		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SI[redacted] ontained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060290

[redacted] (b)(6)

	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Cherin	Other	TB	BREED/TYPE QT	Draft	Poor	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0586					X				X				X				
17	0579							API		X				X				
18	0576		X							X				X				
19	0580						X			X				X				
20	0601				X					X				X				
21	0581						X			X				X				
22	0602							APD		X						X		
23	0573		X							X						X		
24	0571				X					X				X				
25	0590						X			X						X	off	
26	0599					X				X				X				
27	0587		X							X				X				
28	0598						X			X				X				
29	0608				X					X				X				
30	0453		X							X					X			
31																		
32																		
33																		
34																		
35																		
36																		
37																	off	
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060295

TIME HORSES LOADED: 8:00am [redacted] (b)(6)

DATE: Dec 2/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

[redacted] (b)(6)

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	0557						X			X						X		
2	0592		X							X						STUD		
3	0630		X							X				X				
4	0647						X						MULE	X				
5	0659						X						W H			X		
6	0660						X						MULE			X		
7	0699		X									X				X		
8	0704						X			X				X				
9	0750							PAINT		X				X				
10	0751						X			X						X		
11	0752		X						X							X		
12	0753			X					X					X				
13	0754			X					X							X		
14	0755							PAINT	X	X				X				
15	0756						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

Gouvernement du Canada DIRECTION GÉNÉRALE D'INSPECTION AUX FRONTIÈRES

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRA[redacted]ER FACILITY

[redacted]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060295

	[redacted]		BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cream	Other	Pig	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0757		X							X						X		
17	0758		X						X					X				
18	0759							PUN		X				X				
19	0760		X										SN			X		
20	0761						X			X			[redacted]			X		
21	0762		X										SN			X		
22	0763		X										SN			X		
23	0764		X										SN			X		
24	0765						X						SN			X		
25	0766						X			X				X				
26	0767						X			X				X				
27	7952		X						X					X				
28	7953						X		X					X				
29	7954		X						X					X				
30	7955						X		X					X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060795

TIME HORSES LOADED: 8:00 [redacted] (b)(6)

DATE: Dec 2/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

[redacted] (b)(6)

Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	SOR ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0557						X			X						X		
2	0592		X							X						STUD		
3	0630		X							X				X				
4	0647						X						MULE	X				
5	0659						X						WH			X		
6	0660						X						MULE			X		
7	0699		X									X				X		
8	0704						X			X				X				
9	0750							PAINT		X				X				
10	0751						X			X						X		
11	0752		X						X							X		
12	0753			X					X					X				
13	0754			X					X							X		
14	0755							PAINT	~~X~~	X				X				
15	0756						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the b [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F

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

L060295

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Sheath~~ Sc &	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald		
16	0757		X							X						X		
17	0758		X						X					X				
18	0759							DUN		X				X				
19	0760		X										SN			X		
20	0761						X			X			[illegible]			X		
21	0762		X										SN			X		
22	0763		X										SN			X		
23	0764		X										SN			X		
24	0765						X						SN			X		
25	0766						X			X				X				
26	0767						X			X				X				
27	7952		X						X					X				
28	7953						X		X					X				
29	7954		X						X					X				
30	7955						X		X					X				
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COMMODITY FOOD INSPECTION Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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184E
FORM APPROVED
OMB NO. 0579-0160
L060283

TIME HORSES LOADED ON CONVEYANCE: 8 PM	DATE: 11-29-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	0558				X					X						X		
2	0651		X										SN	X				
3	0652			X									Mule			X		
4	0653						X						Mule	X				
5	0661				X						X					X		
6	0667				X					X				X				
7	0668						X			X						X		
8	0670						X			X						X		
9	0671		X							X						X		
10	0677						X			X						X		
11	0679							APE		X				X				
12	0684				X					X				X				
13	0686				X								CB	X				
14	0690						X			X						X		
15	0691							Roan		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the bes (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

VS FO ...plete

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
8 PM (CONTINUATION SHEET)

[redacted]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

184#

FORM APPROVED OMB NO. 0579-0160

L060283

USFP

	[redacted]		BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0692						X			X				X				
17	0693						X			X						X		
18	0695						X						SN	X				
19	0696				X					X				X				
20	0697		X										SN			X		
21	0701						X			X						X		
22	0708	X	X							X				X				
23	0710				X					X				X				
24	0711						X			X				X				
25	0713						X		X							X		
26	0714						X		X					X				
27	0715		X						X							X		
28	0717						X			X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

L062863

TIME HORSES LOADED: 8:00am [redacted] (b)(6)

DATE: [redacted] 11/30/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	0533		X					ST	X									
2	0649							PAL		X						X		
3	0654						X	MULE						X				
4	0658						X	MULE						X				
5	0663	X	X							X						X		
6	0665						X			X				X				
7	0666						X	WH								X		
8	0673						X			X						X		
9	0674		X							X						X		
10	0676						X			X						X		
11	0678						X			X				X				
12	0680						X			X						X		
13	0681						X			X				X				
14	0683							CREAM		X						X		
15	0685							PAINT		X						X		

HORSES HAV[redacted]T FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]ICE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGN[redacted]ation contained in this form is true and correct to the be[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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184

FORM APPROVED OMB NO. 0579-0160

L060284

SEP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sheep	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0687		X						X							X	off	
17	0688						X			X				X				
18	0689							PAINT		X				X				
19	0694							PAL		X						X		
20	0700		X										SN			X		
21	0702		X							X						X		
22	0703							PAINT		X						X		
23	0705						X			X						X		
24	0706						X			X				X				
25	0707						X			X				X				
26	0712						X			X						X		
27	0716		X						X					X				
28	0720		X						X							X		
29	0721		X						X					X				
30	0722			X						X						X		
31	0723		X							X						X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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172

FORM APPROVED
OMB NO. 0579-0160

L060279

TIME HORSES LOADED: 8:00am [redacted] (b)(6)

DATE: Nov 11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

[redacted]: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sheen~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0283						X			X				X				
2	0286				X					X				X				
3	0287						X			X				X				
4	0288		X							X						X		
5	0289				X					X						X		
6	0290						X			X				X				
7	0291						X			X						X		
8	0292					X				X				X				
9	0294							BRSR		X						X		
10	0298		X							X				X				
11	0299						X			X				X				
12	0300							MP		X						X		
13	0302						X			X						X		
14	0305		X										SP	X				
15	0308		X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTH[redacted]UMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGN[redacted] information contained in this form is true and correct to the b[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

Previous editions are obsolete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

172

FORM APPROVED OMB NO. 0579-0160

L060279

SFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Cham~~ Red	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0309		X						X					X				
17	0311						X			X						X		
18	0312						X			X				X				
19	0315		X							X				X				
20	0316		X							X				X				
21	0317		X							X				X				
22	0320		X							X						X		
23	0321		X							X						X		
24	0326						X			X						X		
25	0327						X		X					X				
26	0329				X				X					X				
27	0330						X			X						X		
28	0331						X			X						X		
29	0335				X					X						X		
30	0338		X							X						X		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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173
FORM APPROVED
OMB NO. 0579-0160

L060278

TIME HORSES LOADED ON CONVEYANCE: 7:00am	DATE: 11/11/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sheeth~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8678					X				X				X				
2	0297							Roan			X			X				
3	0043							Dun		X					X			
4	0282				X					X				X				
5	0284						X			X						X		
6	0285						X			X						X		
7	0293							Bskd		X						X		
8	0295					X				X				X				
9	0296					X				X				X				
10	0297		X							X						X		
11	0303						X			X				X				
12	0304						X			X				X				
13	0306		X										SIN	X				
14	0307						X			X						X		
15	0310				X				X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

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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173

FORM APPROVED OMB NO. 0579-0160

L060278

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn.~~ S.C.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0313			X					X					X				
17	0318						X			X						X		
18	0319				X					X				X				
19	0322						X			X						X		
20	0323						X			X				X				
21	0324					X				X						X		
22	0325						X			X						X		
23	0328						X			X				X				
24	0332						X			X				X				
25	0333		X							X				X				
26	0337				X					X				X				
27	0339						X			X				X				
28	0340		X							X						X		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(9)(q)

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

L060293

TIME HORSES LOADED ON CONVEYANCE: 10PM	DATE: 12-1-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0631						X			X				X			off	
2	0632							PAL		X				X				
3	0633						X			X				X				
4	0635						X			X				X				
5	0637				X					X						X		
6	0639		X							X				X				
7	0640		X							X				X				
8	0718		X							X				X				
9	0724				X								SN			X		
10	0725						X						SN			X		
11	0726		X										SN	X				
12	0727		X										SW	X				
13	0728		X										SN			X		
14	0709				X								CB	X				
15	0730		X										SN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] formation contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

Gouvernement du Canada CANADIENNE D'INSPECTION DES

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF ___

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

186

L060293

[redacted]

	Tag No.	Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0731			X								SN	X				
17	0732	X										SN			X		
18	0733	X										SN			X		
19	0734	X										SN			X		
20	0735	X										SN			X		
21	0736	X										SN			X		
22	0737	X										SN	X				
23	0738	X										SN			X	off.	
24	0739	X										SN	X				
25	0740						PAINT		X				X				
26	0741			X					X						X		
27	0742						PAINT		X				X				
28	0743					X						MULE			X		
29																	
30																	
31																	
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

5060275

TIME HORSES LOADED ON CONVEYANCE: 8-00 PM

DATE: 11/9/16

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	0223									X					X			
2	0224		X							X					X			
3	0076					X				X				X			off	
4	0182		X							X				X				
5	0192		X										SN			X		
6	0229				X				X							X		
7	0230		X						X							X		
8	0231		X						X							X		
9	0232		X						X					X				
10	0233						X		X					X				
11	0235		X										SN	X				
12	0236		X										SN	X				
13	0237		X										SN			X		
14	0240		X										SN			X		
15	0241		X										SN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted]

I HEREBY AU[redacted]ENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to the b[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F[redacted]

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

4060275

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn SOM	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0242						X			X				X				
17	0243						X			X				X				
18	0244						X			X						X		
19	0245					X				X						X		
20	0246						X			X				X				
21	0247							AP		X						X		
22	0248		X							X						X		
23	0249							AP		X				X				
24	0250		X							X						X		
25	0251		X							X				X				
26	0252		X							X						X		
27	0253			X						X				X				
28	0254		X							X				X				
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SIGNA[redacted] (b)(6) [redacted] information contained in this form is true and correct to the best of my knowledge.)

2-2

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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170 #
FORM APPROVED
OMB NO. 0579-0160
L060376

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Gheetn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8673							PAI		X				X				
2	8677						X			X				X				
3	8725				X					X						X		
4	8739						X			X				X				
5	0176		X							X				X				
6	0177						X			X				X				
7	0178						X			X				X				
8	0179						X			X						X		
9	0180						X			X				X				
10	0181						X			X				X				
11	0188		X							X				X				
12	0190		X							X				X				
13	0191		X							X						X		
14	0193		X							X				X				
15	0194		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted]T AND THE INFORMATION IN IT AS COMPLETED [redacted]ON OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

1704

FORM APPROVED OMB NO. 0579-0160

L060276

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0195						X			X						X		
17	0198		X						X					X				
18	0234						X						S/N			X		
19	0239				X								S/N			X		
20	0273						X			X				X				
21	0274						X		X							X		
22	0275					X							C/B			X		
23	0276		X						X					X				
24	0277		X							X				X				
25	0278		X						X					X				
26	0279						X		X							X		
27																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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171
FORM APPROVED
OMB NO. 0579-0160
I.060277

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 11/8/10
[redacted]	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [ ] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	0164				X					X						X		
2	0183				X					X						X		
3	0184			X						X						X		
4	0185		X										C/B	X				
5	0187						X			X				X				
6	0189		X							X						X		
7	0228		X						X					X				
8	0238		X										S/N			X		
9	0255			X						X				X				
10	0256						X			X				X				
11	0257				X					X				X				
12	0258		X							X				X				
13	0259						X			X				X				
14	0260		X							X				X				
15	0261						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]E.

SIGNATURE [redacted]

I HEREBY AU[redacted]MENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the be[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

8:00 pm 11/8/10

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

171

FORM APPROVED OMB NO. 0579-0160

0060277

	USPP	[redacted] (b)(6)	DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	0262						X			X						X		
17	0263							PAL		X						X		
18	0264			X						X				X				
19	0265		X							X						X		
20	0266		X							X						X		
21	0267						X			X						X		
22	0268							DUN		X				X				
23	0269					X				X						X		
24	0270					X				X				X				
25	0271					X				X						X		
26	0272					/	X				X			X				
27	0280						X			X				X				
28	0281					X				X				X				
29																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

L060271

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 11/2/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] R'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
[redacted] AME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	0017		X							X				X				
2	0028				X					X						X		
3	0031				X								CIB			X		
4	0044		X						X						X			
5	0078						X			X				X				
6	0079						X			X				X				
7	0081		X							X				X				
8	0083					X				X						X		
9	0084		X							X				X				
10	0106					X				X				X				
11	0118				X					X						X		
12	0119					X				X						X		
13	0127		X						X							X		
14	0128		X						X							X		
15	0130		X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]

SIGNATURE [redacted]

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S[redacted]tained in this form is true and correct to th[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V[redacted] Previous editions are obsolete

[redacted] PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED OMB NO. 0579-0160

5060271

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

5.00 1/2/10

(Please print in ink)

[redacted] (b)(6)

ISPP	PREFIX	NO.	COLOR OR DESCRIPTION: Bay	Grey	Blk.	Pinto	Brown	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	0131		X						X					X				
17	0150		X										SN	X				
18	0152						X		X	X				X				
19	0162						X			X				X				
20	0163						X			X						X		
21	0164				X					X						X	off	
22	0167		X										SN	X				
23	0171		X										SN			X		
24	0174						X				X			X				
25	0175						X				X			X				
26	0186						X						0187	X				
27	0196						X			X				X				
28	8912					X				X					X			
29																		
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32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060270

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m.

DATE: 11/2/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Foals are older than 6 months of age.
- [X] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorry	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0071						X			X						X		
2	0072		X							X				X				
3	0075						X			X				X				
off- 4	0076					X				X				X				
5	0085							DHP		X				X				
6	0086						X	/		X						X		
7	0088						X			X						X		
8	0093					X				X						X		
9	0096							APP		X				X				
10	0102		X							X				X				
11	0106					X				X				X				
12	0111			X						X						X		
13	0115					X				X				X				
14	0125				X					X				X				
15	0148		X										SIN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET) 11/2/10

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060270

USD [redacted] (b)(6)

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sheep	Other	TB	QT	Draft	Poor	Other	Mare	Stal	Geld		
16	0149		X										SN			X		
17	0151		X							X						X		
18	0153						X			X						X		
19	0154		X										SN			X		
20	0155		X										SN			X		
21	0156				X					X						X		
22	0157					X				X						X		
23	0158				X								HF			X		
24	0159		X							X				X				
25	0166		X										SN			X		
26	0168		X										SN			X		
27	0169				X								SN	X				
28	0170		X										SN	X				
29	0172		X										SN	X				
30	0173		X							X						X		
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

2-2

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

L060274

TIME HORSES LOAD: 8:00am [redacted] (b)(6)

DATE: Nov 4/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesta.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0199						X			X				X				
2	0200						X						CB	X				
3	0201						X						HF	X				
4	0202						X				X			X				
5	0203		X							X				X				
6	0204		X						X							X		
7	0205							AP		X				X				
8	0206		X							X				X				
9	0207					X				X						X		
10	0208					X				X						X		
11	0209		X							X				X				
12	0210					X				X				X				
13	0211							AP		X						X		
14	0212		X							X				X				
15	0213		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUT[redacted] AND THE INFORMATION IN IT AS COMPLETED [redacted] N OF THIS FORM OR KNOWINGLY USING A FALS[redacted] LT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

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

0060274

USED	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Palo	Sheets	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	0214						X						HF	X				
17	0215					X				X				X				
18	0216		X							X				X				
19	0217		X							X				X				
20	0218				X					X				X				
21	0219		X							X				X				
22	0220		X							X				X				
23	0221						X			X				X				
24	0222		X							X				X				
25	0223		X							X				X				
26	0224						X			X						X		
27	0225				X					X				X				
28	0226						X			X				X				
29	0227		X							X					X			
30	7951		X						X					X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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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175
FORM APPROVED
OMB NO. 0579-0160
L060282

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 11/5/16
[redacted] S NAME	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.
	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestnut~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0376							Cream		X				X				
2	0379		X							X						X		
3	0380			X						X						X		
4	0381						X			X						X		
5	0382						X			X				X				
6	0383				X					X				X				
7	0384							App		X				X				
8	0385		X							X				X				
9	0386		X							X				X				
10	0387		X							X						X		
11	0388		X							X				X				
12	0389						X			X						X		
13	0390		X							X						X		
14	0391						X			X				X				
15	0392						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED OMB NO. 0579-0160

L060282

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

8:00 pm 11/5/6

[redacted] (b)(6)

(Please print in ink)

USDA

	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
			COLOR DESCRIPTION						BREED/TYPE					SEX				
16	0393				X					X				X				
17	0394						X			X				X				
18	0395							PAI		X				X			off.	
19	0396						X			X						X		
20	0397						X			X						X		
21	0398						X			X						X	off	
22	0399							AP		X						X		
23	0400				X					X				X				
24	0401					X				X						X		
25	0402					X				X				X				
26	0403					X				X				X				
27	0404		X							X				X				
28	0405					X				X				X				
29	0406						X			X						X		
30	0408					X				X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060288

TIME HORSES LOADED ON: 8:00am [redacted] (b)(6) DATE: [redacted] 3/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sheetn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0455						X			X						X		
2	0456						X			X			Mull			X		
3	0457						X			X						X		
4	0458						X			X						X		
5	0460		X							X						X		
6	0461					X				X				X				
7	0492				X					X						X		
8	0499						X			X				X				
9	0507						X			X				X				
10	0509				X					X						X		
11	0510						X			X				X				
12	0511							PAI		X						X		
13	0513		X							X						X		
14	0520		X	X						X				X		X		
15	0521			X						X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY [redacted] HIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED [redacted] FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] contained in this form is true and correct to

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

L060288

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0522		X							X				X				
17	0523		X										null			X		
18	0529				X					X				X				
19	0530		X							X				X				
20	0531					X				X				X				
21	0532					X				X				X				
22	0534		X				X			X				X		X		
23	0538						X				X					X		
24	0541		X							X						X		
25	0543		X							X			null	X				
26	0544						X			X			null			X		
27	0546						X						null			X		
28	0549						X			X				X				
29	0550					X				X				X				
30	0552						X			X				X				
31																		
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[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

4060385

TIME HORSES LOADED ON CONVEYANCE: 8:30am [redacted] (b)(6)

DATE: Nov 17/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VE [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☐ Horses are able to bear weight on all 4 limbs.
- ☐ Foals are older than 6 months of age.
- ☐ Horses are not blind in both eyes.
- ☐ Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Gleson~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0395							PAI		X				X				
2	0398						X			X						X		
3	0409									X						X		
4	0410			X		X				X				X				
5	0411		X							X				X				
6	0427						X			X						X		
7	0428		X							X						X		
8	0429						X			X				X				
9	0430		X							X				X				
10	0431		X							X				X				
11	0432		X							X				X				
12	0433						X			X				X				
13	0434						X			X				X				
14	0435						X			X				X				
15	0436							AAP		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060385

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Black~~ Sim	Other	TB	QT	Draft	Prop	Other	Mare	Stal	Geld		
16	0437						X			X						X		
17	0438				X					X					X			
18	0439					X				X				X				
19	0440			X						X				X				
20	0441		X							X						X		
21	0442						X			X				X				
22	0444		X							X						X		
23	0445		X							X				X				
24	0446						X			X						X		
25	0447					X				X				X		X		
26	0448						X			X				X		X		
27	0449				X					X						X		
28	0450					X				X						X		
29	0451		X							X				X				
30	0452						X			X				X				
31																		
32																		
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SIGNATUR [redacted] ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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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175#

FORM APPROVED OMB NO. 0579-0160

L060281

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 11/16/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] VER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0361						X				X					X		
2	0314		X						X					X				
3	0334						X			X				X				
4	0336		X							X						X		
5	0370		X							X				X				
6	0371		X							X				X				
7	0372		X							X				X				
8	0373						X			X				X				
9	0374						X			X				X				
10	0375						X			X				X				
11	0377		X							X						X		
12	0378						X			X				X				
13	0407						X			X						X		
14	0412					X				X				X				
15	0413				X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the be[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO[redacted]vious 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.

175#

FORM APPROVED OMB NO. 0579-0160

L060261

USDA [redacted]

			COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0414		X							X						X		
17	0415						X			X						X		
18	0416		X							X				X				
19	0417					X				X				X				
20	0418						X			X				X				
21	0419						X			X				X				
22	0420				X					X				X				
23	0421						X			X				X				
24	0422						X			X						X		
25	0423		X							X				X				
26	0424					X				X				X				
27	0425		X							X						X		
28	0426		X							X					X			
29																		
30																		
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SIGNATU [redacted] information contained in this form is true and correct to the best of my knowledge.)

2-2

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

L060291

TIME HORSES LOADED ON CONVEYANCE: 9 PM

DATE: 11/24/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	0606							APP		X						X		
2	0607						X				<		SIB			X		
3	0608						X			X				X				
4	0609						X			X				X				
5	0610		X							X				X				
6	0611		X							X						X		
7	0612			X						X						X		
8	0613		X						X					X				
9	0614		X						X							X		
10	0615						X		X					X				
11	0616		X							X						X		
12	0617						X		X	[redacted]						X		
13	0618						X		X					X				
14	0619							PA	[redacted]	X						X		
15	0535		X						X						X			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDI[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,0[redacted]C. SECTION 1001).

SIGNA[redacted] n is true and correct to the be[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO[redacted] e 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

L060291

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Speckl.	Other	TB	CB	Draft	Pony	Other	Mare	Stal	Gold		
16	0489						X			X					X			
17	0574						X			X				X				
18	0578							APP		X				X				
19	0589				X					X						X		
20	0596							APP		X				X				
21	0600						X			X						X		
22	0620						X			X				X				
23	0621			X						X				X				
24	0622				X						X			X				
25	0623				X					X				X		X		
26	0624				X					X						X		
27	0625						X			X						X		
28	0626		X							X			null			X		
29	~~0627~~	0559	X							X			null					
30	0628		X							X						X		
31	0629		X							X						X		
32																		
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I HEREBY AUTHORIZE THE CRA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CRA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060286

TIME HORSES LOADED ON CONVEYANCE: 8 pm	DATE: 11-22-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0443		X							X						X		
2	0454						X			X						X		
3	0459		X							X						X		
4	0462							APP		X						X		
5	0490		X							X				X				
6	0491					X				X				X				
7	0494						X			X						X		
8	0500			X						X				X				
9	0501		X							X						X		
10	0502						X			X						X		
11	0503				X					X				X				
12	0504				X					X						X		
13	0505					X				X				X				
14	0506						X			X						X		
15	0508						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]ENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGN[redacted]rmation contained in this form is true and correct to the b[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

VS F[redacted]

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)

5 pm 11-22-10

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060286

USFP

(b)(6)

	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0512					X				X						X		
17	0514						X			X						X		
18	0515						X			X				X		/		
19	0516						X			X				X				
20	0519				X					X						X		
21	0524		X						X					X		X		
22	0526		X						X							X		
23	0528							APP		X				X				
24	0536						X			X				X				
25	0537		X							X				X				
26	0539						X						HdH	X				
27	0545						X						nuA			X		
28	0551						X			X	X			X				
29																		
30																		
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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(b)(6) ...y that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

I.060287

TIME HORSES LOADED ON CONVEYANCE: 8 PM	DATE: 11-21-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0463					X				X						X		
2	0464						X			X						X		
3	0465						X			X						X		
4	0466							RoN		X				X				
5	0467		X							X				X				
6	0468						X			X				X				
7	0469							PHI		X						X		
8	0470						X			X						X		
9	0471						X			X				X				
10	0472						X			X						X		
11	0473		X							X				X				
12	0474						X			X				X				
13	0475				X					X				X				
14	0476						X			X				X				
15	0477			X						X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

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)

11-21-0

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060287

[redacted] (b)(6)

	PREFIX	NO.	Bay	Gray	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
			BREED/TYPE											SEX				
16	0478		X							X						X		
17	0479			X									mell	X				
18	0480						X			X				X				
19	0481					X				X				X				
20	0482						X			X						X		
21	0483		X							X				X				
22	0484						X			X						X		
23	0485		X							X						X		
24	0486			X						X				X				
25	0487		X							X				X			Off	
26	0488					X				X						X		
27	0518						X			X				X				
28	0517							API		X				X				
29																		
30																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

Bruce Rod

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
2060185

TIME HORSES LOADED ON: 8:30am [redacted] (b)(6) DATE: Nov 17/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☐ Horses are able to bear weight on all 4 limbs.
- ☐ Foals are older than 6 months of age.
- ☐ Horses are not blind in both eyes.
- ☐ Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0395							PAI		X				X				
2	0398						X			X						X		
3	0409									X						X		
4	0410			X		X				X				X				
5	0411		X							X				X				
6	0427						X			X						X		
7	0428		X							X						X		
8	0429						X			X				X				
9	0430		X							X				X				
10	0431		X							X				X				
11	0432		X							X				X				
12	0433						X			X				X				
13	0434						X			X				X				
14	0435						X			X				X				
15	0436							APP		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted] AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SI[redacted] the information contained in this form is true and correct to th[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V[redacted]

Previous editions are obsolete

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAV[redacted]TER FACILITY

8:30a (CON[redacted]) Nov 17 1

(b)(6)

(b)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

2060285

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Sheets	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	0437						X			X						X		
17	0438				X					X				X	X			
18	0439					X				X				X				
19	0440			X						X				X				
20	0441		X							X						X		
21	0442						X			X				X				
22	0444		X							X						X		
23	0445		X							X				X				
24	0446						X			X						X		
25	0447					X				X				X		[redacted]		
26	0448						X			X				X		[redacted]		
27	0449				X					X						X		
28	0450					X				X						X		
29	0451		X							X				X				
30	0452						X			X				X				
31																		
32																		
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SIGNA[redacted]mation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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

L060289

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0493						X			X				X				
2	0495		X							X						X		
3	0496				X					X						X		
4	0497		X							X				X				
5	0498					X				X				X				
6	0525		X						X							X		
7	0527		X						/	X				X				
8	0540							AP		X				X				
9	0542					X				X				X				
10	0547			X						X				X				
11	0548						X						Pony	X				
12	0553		X						X							X		
13	0554						X		X					X				
14	0555		X						X					X				
15	0556		X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] tion contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

Previous editions are obsolete

PAGE 1 OF ___

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

L060289

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0560		X						X					X				
17	0561		X						X					X				
18	0562						X			X						X		
19	0563					X				X				X				
20	0564						X						PNT	X				
21	0565						X			X				X				
22	0566							PAL		X				X				
23	0567		X						X							X		
24	0568		X						X							X		
25	0569					X				X				X				
26	0570						X			X				X				
27																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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(b)(6)

2-2-

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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199

FORM APPROVED
OMB NO. 0579-0160

L043003

TIME HORSES LOADED ON CONVEYANCE: 9 p.m	DATE: 12-20-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	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	1071						X						W H			X		
2	1075						X			X				X				
3	1076		X						X							X		
4	1077		X							X						X		
5	1078						X			X						X		
6	1079						X			X						X		
7	1080						X			X				X				
8	1081		X							X				X				
9	1082						X			X				X				
10	1083						X			X				X				
11	1084		X							X						X		
12	1085						X			X						X		
13	1086		X							X				X				
14	1087						X			X				X				
15	1088						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM [redacted] ous 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)

9:00 PM 10-25-10

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

199

FORM APPROVED OMB NO. 0579-0160

L043003

[redacted] (b)(6)

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cremo	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1089						X			X				X				
17	1090		X							X				X				
18	1091							PAL		X				X				
19	1092		X						X	X				X				
20	1093				X					X				X				
21	1094		X							X				X				
22	1095		X							X				X				
23	1096		X							X				X				
24	1097						X			Mare Gaw				X				
25	1098		X						X					X				
26	1099		X						X					X				
27	1100		X							X				X				
28	1101		X						X						X			
29																		
30																		
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32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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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178

FORM APPROVED
OMB NO. 0579-0160

L043004

TIME HORSES LOADED ON CONVEYANCE: 10 PM	DATE: 12/19/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) redacted	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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.

USFP

	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	0925						X		X					X				
2	0930			X						X				X				
3	0931		X						X					X				
4	0943				X					X				X				
5	0953						X			X						X		
6	0954						X			X				X				
7	0974						X			X				X				
8	0996						X			X				X				
9	0998		X							X						X		
10	1001		X										S/N	X				
11	1003				X								S/N			X		
12	1004		X										S/N			X		
13	1007						X			X						X		
14	1011					X				X				X				
15	1012						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 (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
10 PM (CONTINUATION SHEET) 19

(Please type or print in ink)

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188

FORM APPROVED OMB NO. 0579-0160

L043004

USEC

(b)(6)

	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Poney	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
			BREED/TYPE											SEX				
16	1051					X				X				X				
17	1052							PUN		X						X		
18	1053						X						HF			X		
19	1054					X				X				X				
20	1055		X							X						X		
21	1056						X			X						X		
22	1057						X			X				X				
23	1058						X			X						X		
24	1059						X			X				X				
25	1060							APL		X				X				
26	1061						X			X				X				
27	1062						X			X					X			
28	1065		X							X						X		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

L060405

TIME HORSES LOADED ON CONVEYANCE: 10pm	DATE: 12-28-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFB

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ BLK	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0962					X				X				X				
2	0981						X			X				X				
3	0983						X			X				X				
4	1000		X										SN			X		
5	1010		X							X				X				
6	1013		X							X						X		
7	1063		X							X						X		
8	1064		X										CB	X				
9	1066		X							X						X		
10	1067		X							X						X		
11	1074		X						X					X				
12	1107		X							X						X		
13	1109		X							X						X		
14	1111		X							X					X			
15	1112		X							X					X			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTH[redacted] AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10[redacted]vious editions are obslete

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

10 pm 12-25-10

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060405

[redacted] (b)(6)

SFQ	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1114						X			X						X		
17	1115				X						X			X				
18	1118		X							X				X				
19	1120					X				X						X		
20	1123		X							X						X		
21	1125		X							X						X		
22	1129						X			X				X				
23	1136		X							X				X				
24	1137		X							X				X				
25	1140		X							X						X		
26	1150		X						X							X		
27	1151				X					X				X				
28	1154						X			X				X				
29																		
30																		
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SIGNATURE ([redacted] n contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L060288

TIME HORSES LOADED ON CONVEYANCE: 8:00am [redacted] (b)(6) DATE: Nov. 23/10

[redacted] (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0455						X			X						X		
2	0456						X			X			mul			X		
3	0457						X			X						X		
4	0458						X			X						X		
5	0460		X							X						X		
6	0461					X				X				X				
7	0492				X					X						X		
8	0499						X			X				X				
9	0507						X			X				X				
10	0509				X					X						X		
11	0510						X			X				X				
12	0511									X						X		
13	0513		X							X						X		
14	0520		X	X						X				X		X		
15	0521			X						X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED [redacted]A. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-75 (AUG 2004) Previous editions are obsolete PAGE 1 OF ___

PART 1 - INSPECTOR

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.

124

FORM APPROVED OMB NO. 0579-0160

FOR 0280

(b)(6)

TIME 8:00pm DATE 11/14/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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.

USFP

	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	0341		X						X					X				
2	0342		X						X					X				
3	0343						X		X					X				
4	0345						X			X				X				
5	0346		X							X				X				
6	0347		X										SN	X				
7	0348				X								SN	X				
8	0349		X										SN			X		
9	0350						Cum			X				X				
10	0351		X										SN			X		
11	0352						X			X				X				
12	0353						X			X						X		
13	0354						X			X				X				
14	0355						X			X				X				
15	0356						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

194

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
N SHEET)

[redacted]

(b)(6)

Print in Ink

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060280

USF

	PREFIX	NO.	DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Poop	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0357		X		X					X				X				
17	0358		X							X						X		
18	0359						X			X				X				
19	0360						X			X				X				
20	0361		X							X						X		
21	0362		X							X				X				
22	0363		X							X				X				
23	0364		X							X				X				
24	0365		X							X				X				
25	0366			X						X				X				
26	0367							APP		X				X				
27	0368							APP		X				X				
28	0369		X											X				
29																		
30																		
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SI[redacted] ne information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-2

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

L060288

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel Roan	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0522		X							X				X				
17	0523		X										null			X		
18	0529				X					X				X				
19	0530		X							X				X				
20	0531					X				X				X				
21	0532					X				X				X				
22	0534		X				X			X				X		X		
23	0538						X				X					X		
24	0541		X							X						X		
25	0543		X										null	X				
26	0544						X						null			X		
27	0546						X						null			X		
28	0549						X			X				X				
29	0550					X				X				X				
30	0552						X			X				X				
31																		
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Canadian Food Inspection Agency
Agence canadienne d'inspection des aliments
Canada

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(b)(6)

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

L060406

TIME HORSES LOADED: 8:30am [redacted] (b)(6)

DATE: Dec 29/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFB

	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	0977						X			X				X				
2	0985		X							X				X				
3	0995							PAL		X				X				
4	1008							PAL		X						X		
5	1068						X			X						X		
6	1069		X							X						X		
7	1072		X						X							X		
8	1073		X						X					X				
9	1102						X			X				X				
10	1103			X						X						X		
11	1104						X			X						X		
12	1110						X			X				X				
13	1113						X				X				X			
14	1116						X				X					X		
15	1117				X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

1060406

15FQ

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn. SOR	Other	TB	CT	DraR	Pony	Other	Mare	Stal	Geld		
16	1119					X				X				X				
17	1121					X				X				X				
18	1122					X				X						X		
19	1124		X							X						X		
20	1129		X							X				X				
21	1141						X			X						X		
22	1142		X							X				X			off	
23	1144						X			X				X				
24	1145					X				X				X				
25	1146						X			X						X		
26	1147			X						X				X				
27	1148							PHL		X						X		
28	1149					X				X						X		
29	1153						X				X					X		
30	1156		X							X				X				
31																		
32																		
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SIGNATU [redacted] n contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2052

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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197
FORM APPROVED
OMB NO. 0579-0160
L060404

TIME HORSES LOADED ON CONVEYANCE: 10 PM	DATE: 12-16-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Palomino~~ Roan	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	1022		X						X					X				
2	1023		X						X					X				
3	1024		X						X					X				
4	1026						X		X					X				
5	1027		X						X					X				
6	1028		X						X					X				
7	1029						X		X					X				
8	1030		X						X					X				
9	1031		X							X						X		
10	1032					X				X				X				
11	1033		X							X						X		
12	1034						X			X				X				
13	1035				X					X						X		
14	1036		X							X						X		
15	1037		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

10 PM 12-16-10

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

197

FORM APPROVED
OMB NO. 0579-0160

L060404

USFO [redacted] (b)(6)

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Paint	Black	Other	FB	CT	Draft	Poor	Other	Mare	Stal	Geld		
16	1038					X				X				X				
17	1039						X			X				X				
18	1040		X							X						X		
19	1041						X			X				X				
20	1042						X			X				X				
21	1043							PAL		X				X				
22	1044							PON		X						X		
23	1045		X							X					X			
24	1046					X				X						X		
25	1047		X										SN			X		
26	1048						X						SN			X		
27	1049						X			X						X		
28	1050		X										SN	X				
29																		
30																		
31																		
32																		
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(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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196
FORM APPROVED
OMB NO. 0579-0160
L060403

TIME HORSES LOADED ON CONVEYANCE: 7AM	DATE: 12-15-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	0883						X				X					X		
2	0902						X				X			X				
3	0927		X						X					X				
4	0938				X					X						X		
5	0939		X							X				X				
6	0940				X					X						X		
7	0941			X						X						X		
8	0944		X							X				X				
9	0946			X						X				X				
10	0948		X							X				X				
11	0949						X			X				X				
12	0952		X							X						X		
13	0958		X							X						X		
14	0960							White		X				X				
15	0961		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY A[redacted]S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F[redacted]

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)

74 12-

(Please type or print in ink)

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196

FORM APPROVED OMB NO. 0579-0160

L060403

[redacted] (b)(6)

	PREFIX	NO.	BREED/TYPE: Bay	Grey	Blk.	Pinto	Cheetah	Other	TB	OT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0963						X			X				X				
17	0965							PIN		X						X		
18	0966						X			X				X				
19	0967						X			X				X				
20	0969							APL		X				X				
21	0971		X							X						X		
22	0973						X			X				X				
23	0978		X							X				X				
24	0999		X							X						X		
25	1002				X								SN			X		
26	1005		X										SN			X		
27	1009							APL		X						X		
28	1016		X							X						X		
29																		
30																		
31																		
32																		
33																		
34																		
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SIGN[redacted] mation contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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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196

FORM APPROVED OMB NO. 0579-0160

L060403

TIME HORSES LOADED ON CONVEYANCE: 7 AM	DATE: 12-15-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Gray~~ SOR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0883						X				X					X		
2	0902						X				X			X				
3	0927		X						X					X				
4	0938				X					X						X		
5	0939		X							X				X				
6	0940				X					X						X		
7	0941			X						X						X		
8	0944		X							X				X				
9	0946			X						X				X				
10	0948		X							X				X				
11	0949						X			X				X				
12	0952		X							X						X		
13	0958		X							X						X		
14	0960							WHITE		X				X				
15	0961		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREBY [redacted] S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

V[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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)

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196

FORM APPROVED OMB NO. 0579-0160

L060403

JsfQ

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Green~~ SD	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	0963						X			X				X				
17	0965							DN		X						X		
18	0966						X			X				X				
19	0967						X			X				X				
20	0969							APL		X				X				
21	0971		X							X						X		
22	0973						X			X				X				
23	0978		X							X				X				
24	0999		X							X						X		
25	1002				X								SN			X		
26	1005		X										SN			X		
27	1009							APL		X						X		
28	1016		X							X						X		
29																		
30																		
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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145

FORM APPROVED OMB NO. 0579-0160

L060402

TIME HORSES LOADED O [redacted] (b)(6)
8:30am

DATE Dec 14/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Shippensburg,Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET
Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME
Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME
Viande Richelieu Meat Inc.

STREET ADDRESS
457 Airport Rd.

STREET ADDRESS
595 Rue Royale

CITY, STATE, ZIP CODE
Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE
Massueville,QU. Canada

AREA CODE & TELEPHONE NO.
717-532-5691

AREA CODE & TELEPHONE NO.
450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ CR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0572						X						Pony			X		
2	0748						X						HF	X				
3	0820			X						X				X				
4	0889		X							X				X				
5	0907						X			X				X				
6	0919		X							X						X		
7	0928			X					X					X				
8	0932		X						X							X		
9	0934		X						X					X				
10	0936		X						X					X				
11	0937		X						X					X				
12	0942						X		X					X				
13	0951		X						X					X				
14	0964		X						X					X				
15	0968		X						X							X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F[redacted]

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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195

FORM APPROVED OMB NO. 0579-0160

L060402

SPO	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0970							Ap L		X				X				
17	0975						X			X				X				
18	0978		X							X				X			off	
19	0988		X							X				X				
20	0989					X				X				X				
21	0991						X			X				X				
22	0993						X			X						X		
23	0994					X				X				X				
24	1014		X						X							X		
25	1015						X			X				X				
26	1016		X							X						X	off	
27	1017					X				X				X				
28	1018		X							X				X				
29	1019						X						W H	X				
30	1020						X					X		X				
31	1021				X					X					X			
32																		
33																		
34																		
35																		
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SIGNATUR [redacted] ontained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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194

FORM APPROVED OMB NO. 0579-0160

L060300

TIME HORSES LOADED ON CONVEYANCE: 8pm	DATE: 12-13-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	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	0893		X							X				X				
2	0894		X							X						X		
3	0895						X			X						X		
4	0904		X							X						X		
5	0909						X			X						X		
6	0920		X							X				X				
7	0926		X						X					X				
8	0929		X						X					X				
9	0933						X			X						X		
10	0935		X							X				X				
11	0945		X							X						X		
12	0947							RUN		X						X		
13	0950						X			X				X				
14	0955						X			X				X				
15	0956							APL		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F [redacted]

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
Spn (CONTINUATION SHEET) 12-13-10

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

194

FORM APPROVED OMB NO. 0579-0160

L060300

[redacted] (b)(6)

	Ear No.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
									BREED/TYPE				SEX				
16	0957						Roane		X						X		
17	0959				X							CB	X				
18	0972						White		X						X		
19	0976				X				X				X				
20	0979	X							X				X				
21	0980	X							X				X				
22	0982					X			X				X				
23	0984			X					X				X				
24	0986	X							X				X				
25	0987	X							X				X				
26	0990	X							X				X				
27	0992			X					X						X		
28	0997					X			X				X				
29																	
30																	
31																	
32																	
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SIG[redacted] (b)(6) information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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193H
FORM APPROVED
OMB NO. 0579-0160
L060299

TIME HORSES LOADED ON CONVEYANCE: 10 30	DATE: 12-12-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) redacted	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Palom~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0657						X				X					X		
2	0747						X						HF	X				
3	0818			X						X					X			
4	0845		X										S/N	X				
5	0851			X						X				X				
6	0852		X										S/N	X				
7	0853		X										S/N			X		
8	0860		X							X				X				
9	0870					X				X				X				
10	0878		X						X					X				
11	0879		X						X					X				
12	0880		X						X							X		
13	0884		X							X						X		
14	0885						X				X					X		
15	0887						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 OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) (b)(6) redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76
DATE 13.12.2010
TIME 12:55 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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)

10 30 12-12-

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

193#

FORM APPROVED OMB NO. 0579-0160

L060299

ISPO

(b)(6)

	PREFIX	NO.	BREED/TYPE Bay	Gray	Blk.	Pinto	Other	TB	CT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0888		X						X				X				
17	0891		X						X				X				
18	0892		X						X				X				
19	0896		X						X				X				
20	0897						PAI		X				X				
21	0898					X			X				X				
22	0900			X					X				X				
23	0901		X						X				X				
24	0903					X			X				X				
25	0905						X		X				X				
26	0906					X			X				X				
27	0908				X				X				X				
28	0910					X			X						X		
29																	
30																	
31																	
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SIG (b)(6) the information contained in this form is true and correct to the best of my knowledge.)

2-2-

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

1043001

TIME HORSES LOADED ON CONVEYANCE: 9 pm	DATE: 12-9-20
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	0819							PAINT		X					X			
2	0828		X							X				X				
3	0830		X										SN			X		
4	0831		X							X						X		
5	0842		X										SN	X				
6	0844		X										SN	X				
7	0846		X										SN	X				
8	0847				X					X				X				
9	0848						X						SB			X		
10	0849				X								SN	X				
11	0856				X					X				X				
12	0862		X							X						X		
13	0881		X										TH			X		
14	0882						X						TH	X				
15	0886						X				X			X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNA[redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS[redacted]

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
9 pm (CONTINUATION SHEET) 12-9-10

(b)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L043001

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cham	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0890		X							X						X		
17	0911		X						X							X		
18	0912		X						X					X				
19	0913		X							X						X		
20	0914		X										SN			X		
21	0915		X										SN			X		
22	0916			X					X					X				
23	0917		X										SN	X				
24	0918		X										SN			X		
25	0921						X			X				X				
26	0922						X		X					X				
27	0923		X						X							X		
28	0924						X		X					X				
29																		
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32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L060296

TIME HORSES LOADED ON CONVEYANCE: 11 pm	DATE: 12-7-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USE

	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	0363		X							X				X				
2	0643		X							X				X				
3	0648						X						MULE			X		
4	0655						X				X		[illegible]	X				
5	0656						X						MULE			X		
6	0662							WHITE					MULE	X				
7	0719						X			X				X				
8	0738		X										SN			X		
9	0788							PAINT		X						X		
10	0789		X							X				X				
11	0790							APL		X						X		
12	0791							PAL		X				X				
13	0793						X			X				X				
14	0794							PAINT		X				X				
15	0795		X							X						N		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V

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) 12-7-10

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060296

USDA

[redacted] (b)(6)

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Sheep	Other	TB	QT	Draft	Poor	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	0796			X						X				X				
17	0799							PAL		X				X				
18	0801				X					X				X				
19	0803		X										MULE	X				
20	0805		X							X				X				
21	0806		X							X						X		
22	0809		X							X						X		
23	0810		X							X						X		
24	0812		X							X						X		
25	0813						X			X				X				
26	0814		X							X						X		
27	0815						X			X						X		
28	0816		X							X						X		
29																		
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32																		
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S[redacted] information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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

L060298

TIME HORSES LOADED: 8:30am [redacted] (b)(6) DATE: Dec 7/10

[redacted] (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Sham~~ Sorrel	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	0744				X					X		X		X				
2	0745						X			X				X				
3	0746		X							X						X		
4	0749		X							X						X		
5	0871						X			X				X				
6	0872						X			X						X		
7	0824		X										SN			X		
8	0825		X										SN			X		
9	0837		X										SN	X				
10	0841		X						X						X			
11	0843		X							X						X		
12	0854							RON		X				X				
13	0855				X					X						X		
14	0857						X			X				X				
15	0858		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM[redacted] O CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREBY [redacted] SE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] ormation contained in this form is true and correct to

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

L060298

USFO

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0859							Rn		X						X		
17	0861		X							X				X				
18	0863		X							X						X		
19	0864		X							X						X		
20	0865				X					X				X				
21	0866		X							X				X				
22	0867							Dun		X				X				
23	0868		X							X				X				
24	0869		X							X				X				
25	0871		X							X				X				
26	0872						X		X					X				
27	0873		X						X					X				
28	0874		X						X					X				
29	0875		X						X					X				
30	0876		X						X					X		X		
31	0877		X							X				X		X		
32																		
33																		
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SIG[redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
10 PM	12-4-10	Shippensburg, Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
Rotz's Livestock, Bruce	Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS include existing conditions
1	0634						X			X				X				
2	0642						X			X						X		
3	0644		X							X				X				
4	0645						X			X						X		
5	0650						X						MULE	X				
6	0657		X										SN	X				OFF
7	0664						X						MULE	X				
8	0672		X							X				X				
9	0682							PAINT		X					X	STAL		
10	0768							PAINT		X						X		
11	0769		X							X				X				
12	0770		X							X				X				
13	0771						X			X				X				
14	0772						X			X				X				
15	0773		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY [redacted] DOCUMENT AND THE INFORMATION IN IT AS COMPLETE [redacted] ALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 06.12.2010 F.B.

TIME 10:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM [redacted]

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)

10 12-4-10

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

[redacted]

			BREED/TYPE										SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk	Pinto	Spotted	Other	Wh	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0774		X							X				X				
17	0775		X							X				X				
18	0776						X			X				X				
19	0777						X			X				X				
20	0778						X			X						X		
21	0779							APL		X						X		
22	0780						X			X				X				
23	0781		X							X						X		
24	0782						X			X				X				
25	0783		X							X				X				
26	0784						X			X				X				
27	0785						X			X				X				
28	0786		X							X				X				
29																	OIF	
30																		
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SIGN[redacted] tion contained in this form is true and correct to the best of my knowledge.)

[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

060297

TIME HORSES LOADED ON CONVEYANCE: 8PM	DATE: 12-6-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFE

	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	0638		X							X				X				
2	0641						X			X				X				
3	0669												MULE	X				
4	0675						X			X					X	ST		
5	0698						X				X			X				
6	0772						X			X				X				OFF
7	0787						X		X							X		
8	0792		X							X						X		
9	0797						X			X				X				
10	0798							PAINT		X				X				
11	0800							PAINT		X				X				
12	0802		X															
13	0807							PAINT		X						X		
14	0808				X					X				X				
15	0811						X						MULE			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V[redacted]

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)

8pm

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060297

[redacted]

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Cheetah	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0817						X			X				X				
17	0823		X										S N	X				
18	0826		X										S N			X		
19	0827			X						X				X				
20	0829		X										S N			X		
21	0832			X						X						X		
22	0833				X					X						X		
23	0834		X										MULE	X				
24	0835		X										MULE	X				
25	0836		X							X						X		
26	0838						X			X				X				
27	0839							MULE		X						X		
28	0840				X								S N	X				
29	0646						X						MULE			X		
30																		
31																		
32																		
33																		
34																		
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am

DATE: 05-05-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

UsFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sheetn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8867		X							X				X				
2	8868						X			X						X		
3	8869						X			X						X		
4	8870						X			X						X		
5	8871			X					X							X		
6	8872		X							X						X		
7	8873						X			X				X				
8	8874		X				X			X				X		X		
9	8875		X				X			X						X		
10	8876			X						X				X				
11	8877		X							X						X		
12	8878						X			X				X				
13	8879		X				X			X						X		
14	8880		X							X				X				
15	8881		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

Previous editions are obslete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorry	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8887		X							X				X				
17	8883		X							X				X				
18	8884						X			X						X		
19	8885						X			X				X				
20	8886		X							X				X				
21	8945		X							X				X				
22	8946		X							X				X				
23	8947		X							X				X				
24	9681			X					X					X				
25	9682		X						X					X				
26	9683						X		X					X				
27	9684		X						X					X				
28	9685		X						X							X		
29	9479						X			X				X				
30	9621		X						X							X		
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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[redacted] mation contained in this form is true and correct to the best of my knowledge.

(b)(6)

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

L060823

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM

DATE: 5-5-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9470					X				X					X			
2	9633		X						X					X				
3	9635			X						X				X				
4	9638					X	X			X				X				
5	9639					X	X			X						X		
6	9648					X	X			X						X		
7	9650					X				X						X		
8	9652						X			X				X				
9	9654					X				X				X				
10	9655		X							X				X				
11	9658		X							X				X				
12	9660		X							X				X				
13	9665		X										S/N			X		
14	9666						X						S/N					
15	9667						X						S/N					

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUT[redacted]ND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNAT[redacted]n contained in this form is true and correct to the bes[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 0760

DATE 5/5/2010

TIME 11h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

TESTS

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

2060823

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9668		X										S/N			X		
17	9669		X										S/N			X		
18	9670						X				X					X		
19	9671				X								S/N	X				
20	9672					X				X						X		
21	9673						X			X						X		
22	9674		X										S/N			X		
23	9675			X									S/N	X				
24	9676		X										S/N			X		
25	9677						X				X			X				
26	9678						X				X					X		
27	9679						X			X			X					
28	9680		X										S/N			X		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

S[redacted]on contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

2060822

TIME HORSES LOADED ON CONVEYANCE: 8 30 PM

DATE: 5/3/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa, 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717- 532- 5691

AREA CODE & TELEPHONE NO.: 450- 788- 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

1SFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9613				X			PAL	X	X					X	X		
2	9627		X						X							X		
3	9628							PAL		X				X				
4	9629		X						X					X				
5	9630		X						X					X				
6	9631		X							X				X				
7	9633						X		X					X				
8	9634		X						X					X				
9	9636			X		X				X				X		X		
10	9637							BSIP		X						X		
11	9640					X				X				X				
12	9641						X			X								
13	9642						X			X				X				
14	9643							PAL		X						X		
15	9644		X											X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AU (b)(6) DOCUMENT AND THE INFORMATION IN IT AS COMPLETED (b)(6) ALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIG (b)(6) ion contained in this form is true and correct to the (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 0716

DATE 4/05/2010

TIME 10h20

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L06827

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9645		X							X				X				
17	9646		X							X				X				
18	9647		X							X						X		
19	9649						X			X				X				
20	9651		X							X				X				
21	9653					X				X				X				
22	9656		X							X				X				
23	9657		X							X				X				
24	9659						X			X				X				
25	9661					X				X				X				
26	9662		X							X				X				
27	9663		X							X				X				
28	9664				X						X					X		
29																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION ON 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).

[redacted] fy that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L060818

TIME HORSES LOADED ON CONVEYANCE: 11 PM

DATE: 5/09/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz'sLivestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9695		X										mull			X		
2	9725		X										SN	X				
3	9726						X						SN	X				
4	9727				X					X				X				
5	9728						X						AF			X		
6	9730					X				X				X				
7	9731						X			X				X				
8	9732		X							X						X		
9	9733		X							X				X				
10	9734						X			X				X				
11	9735					X				X				X				
12	9738						X			X						X		
13	9740		X							X				X				
14	9742		X										mull	X				
15	9746						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS [redacted] ANCE.

SIGNAT [redacted] (b)(6)

I HERE [redacted] OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

S [redacted] tion contained in this form is true and correct to th [redacted] (b)(6)

V [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060818

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Sheeln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9748						X			X				X				
17	9749						X			X						X		
18	9752					X				X				X				
19	9753						X			X						X		
20	9755						X				X			X				
21	9759				X					X				X				
22	9760						X			X				X				
23	9762							BS.NK		X						X		
24	9763		X							X				X				
25	9766						X			X				X				
26	9768		X							X				X				
27	9769					X				X					X			
28	9770						X			X				X				
29																		
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[redacted] that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of 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

L061360

TIME HORSES LOADED ON CONVEYANCE: 9:00

DATE: 5-6-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9690						X		X							X		
2	9691		X							X			SIN	X				
3	9692		X							X			SN			X		
4	9699		X							X					X			
5	9700		X							X				X				
6	9701		X						X					X				
7	9702		X							X						X		
8	9703					X				X						X		
9	9704				X					X				X				
10	9705					X				X						X		
11	9706						X			X				X				
12	9707						X			X				X				
13	9708						X			X						X		
14	9709			X						X						X		
15	9710							PAL		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted] AND THE INFORMATION IN IT AS COMPLETED [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).

SIGN[redacted] on contained in this form is true and correct to the be[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Previous editions are obslete

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

2061360

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9611		X													X		
17	9612				X											X		
18	9613							Roan						X				
19	9614		X													X		
20	9615						X									X		
21	9616		X													X		
22	9617		X											X				
23	9618						X							X				
24	9619						X									X		
25	9620					X										X		
26	9621				X											X		
27	9622						X				X			X				
28	9623						X			X				X				
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[redacted] t the information contained in this form is true and correct to the best of my knowledge.)

[redacted]
(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
AUTHORIZED INSPECTION DOCUMENTS

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

L060827

TIME HORSES LOADED ON CONVEYANCE: 830 pm

DATE: 5-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450=788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9806							Bush		X				X				
2	9807				X					X				X				
3	9808		X							X						X		
4	9809						X			X						X		
5	9810						X			X				X				
6	9811							APP		X				X				
7	9813		X							X				X				
8	9814						X			X						X		
9	9815		X							X						X		
10	9816							Bush		X				X				
11	9818					X				X				X				
12	9819					X				X				X				
13	9820		X							X				X				
14	9821			X						X						X		
15	9822			X						X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AU (b)(6) THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED (b)(6) A. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060827

JSFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Finto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9823		X							X				X				
17	9824					X				X				X				
18	9825				X					X						X		
19	9826				X					X				X				
20	9827		X						X	X				X				
21	9828		X						X					X				
22	9829		X													X		
23	9830					X				X					X			
24	9831						X			X				X				
25	9832					X				X				X				
26	9833		X							X				X				
27	9834					X				X				X				
28	9835		X							X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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)

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

L060824

TIME HORSES LOADED ON CONVEYANCE: 12 00 pm	DATE: 5-10-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Gheln~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9689						X						S/B			X		
2	9693		X										S/N			X		
3	9694						X						S/N	X				
4	9697						X						mul	X				
5	9729							BS/N		X				X				
6	9729		X										S/N	X				
7	9736		X							X				X				
8	9739				X					X				X				
9	9741					X				X						X		
10	9743		X							X				X				
11	9745		X							X				X				
12	9747		X							X				X				
13	9754							X		X					X			
14	9757							X		X						X		
15	9761							X		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AU[redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED [redacted]SIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060824

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Gray	Blk.	Pinto	Sheets	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9764			X						X				X				
17	9765						X			X				X				
18	9771		X						X					X				
19	9772						X		X							X		
20	9779			X					X					X				
21	9780						X		X					X				
22	9781		X						X							X		
23	9784		X						X							X		
24	9786		X										SN	X				
25	9787				X					X						X		
26	9788		X							X				/		X		
27	9790		X						X							X		
28	9791		X						X							X		
29																		
30																		
31																		
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
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

2066829

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am

DATE: 05-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788=2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SORR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9737		X							X						X		
2	9750					X				X				X				
3	9751						X			X				X				
4	9756						X			X						X		
5	9767						X			X						X		
6	9774		X						X					X				
7	9775		X						X					X				
8	9776		X						X					X				
9	9777						X		X							X		
10	9779			X					X					X				
11	9782		X						X							X		
12	9783		X						X							X		
13	9696		X						X					X				
14	9789						X			X						X		
15	0000						X			X						X		

HORSES HAVE [redacted] OR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGN[redacted] he information contained in this form is true and correct to the b[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F[redacted]

Previous editions are obslete

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

L060829

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9799		X							X						X		
17	9792						X			X					X			
18	9793						X			X				X				
19	9794		X						X					X				
20	9795		X						X					X				
21	9796				X				X	X				X				
22	9797						X			X				X				
23	9798						X			X						X		
24	9799						X			X				X				
25	9800		X							X				X				
26	9801						X			X						X		
27	9802	✓				X				X						X		
28	9803					X				X				X				
29	9804	✓					X			X				X				
30	9805						X			X				X				
31																		
32																		
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Canada
Government du Canada
CANADIAN FOOD INSPECTION AGENCY
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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 [illegible]RS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

PAGE ___ OF ___

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

L060826

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 05-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Rishelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheeln~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9812							PAL		X					X			
2	9839					/		PAL		X				X				
3	9840					X				X				X				
4	9842		X							X				X				
5	9843						X			X						X		
6	9844						X			X				X				
7	9845						X			X				X				
8	9847		X							X						X		
9	9848						X			X				X				
10	9849						X		X					X				
11	9850						X		X					X				
12	9857		X							X						X		
13	9858							APPI		X						X		
14	9859		X						X							X		
15	9861						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b)(6)

I HEREBY [redacted] IS DOCUMENT AND THE INFORMATION IN IT AS COMPLET[redacted] FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the bes[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO[redacted]

Previous editions are obslete

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

L060826

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Black	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9862		X							X				X				
17	9863					X				X						X		
18	9864						X			X						X		
19	9865		X										MNF	X		X		
20	9866					X				X				X				
21	9868						X						S/B	X				
22	9870		X							X						X		
23	9875						X			X						X		
24	9880					X				X				X				
25	9882					X				X						X		
26	9888						X			X						X		
27	9894		X						X							X		
28	9895		X						X							X		
29	9896		X						X					X				
30	9897		X						X							X		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du 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

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FORM APPROVED OMB NO. 0579-0160

E060835

TIME HORSES LOADED ON CONVEYANCE: 7:15 AM

DATE: 05-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	9863		X						X						X			
2	9914		X						X							X		
3	9915		X						X							X		
4	9916							X	X							X		
5	9917						X		X							X		
6	9918			X					X					X				
7	9919		X							X				X				
8	9920		X										X	X				
9	9921		X							X				X				
10	9922		X							X				X				
11	9923		X							X				X				
12	9924				X					X				X				
13	9925		X							X				X				
14	9926						X			X				X				
15	9927				X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTH[redacted]ND 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 knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060835

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9928						X			X						X		
17	9929							X		X				X				
18	9930					X				X				X				
19	9931				X					X				X				
20	9932				X					X				X				
21	9933						X						X	X				
22	9934				X					X				X				
23	9935				X					X				X				
24	9936							X		X				X				
25	9937					X				X				X				
26	9974		X						X					X				
27	9975						X		X							X		
28	9976		X							X						X		
29	9977						X		X							X		
30	9982					X				X				X				
31																		
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SIGNA[redacted]mation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

1060836

TIME HORSES LOADED ON CONVEYANCE: 8:00 PM — DATE: 5/27/16	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheek~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9903		X						X							X		
2	9908						X			X				X				
3	9938			X						X				X				
4	9939		X							X				X				
5	9940						X			X				X				
6	9941		X							X						X		
7	9942					X				X				X				
8	9943				X					X				X				
9	9944				X					X						X		
10	9945		X							X						X		
11	9946				X					X				X				
12	9947							PAL		X				X				
13	9948		X							X				X				
14	9949		X							X						X		
15	9851					X				X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L060836

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9852							BS.		X				X				
17	9853						X			X					X			
18	9854						X		X							X		
19	9855		X						X					X				
20	9856		X						X							X		
21	9857		X						X					X				
22	9858		X						X					X				
23	9859		X						X					X				
24	9860		X						X					X				
25	9861						X		X					X				
26	9862		X						X					X				
27	9863		X							X				X				
28	9864		X							X						X		
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[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L060831

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 5/24/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
[redacted] RIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532=5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9901		X						X							X		
2	9902					X				X				X				
3	9905							X		X						X		
4	9906		X							X						X		
5	9909		X							X				X				
6	9910						X			X				X				
7	9911		X							X				X				
8	9912		X							X				X				
9	9913							X		X						X		
10	9978		X							X				X	X			
11	9979						X			X						X		
12	9980						X			X				X				
13	9981							X		X				X				
14	9983						X			X				X				
15	9984						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted]

I HEREBY [redacted]CUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

L060831

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9985				X					X				X				
17	9986						X			X				X				
18	9987		X							X						X		
19	9988					X				X				X				
20	9989		X							X						X		
21	9990						X			X						X		
22	9991						X			X				X				
23	9992						X			X				X				
24	9993						X			X				X				
25	9994						X			X						X		
26	9995						X			X				X				
27	9996						X			X						X		
28	9997		X							X				X				
29	9998				X					X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

G29790

TIME HORSES LOADED ON CONVEYANCE: 11:00am	DATE: 5/25/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
(b)(6) ER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9901		X							X					X			
2	9902						X			X				X				
3	9903		X							X						X		
4	9904		X							X						X		
5	9905		X							X						X		
6	9906		X							X						X		
7	9907		X							X				X				
8	9908		X							X				X				
9	9909		X							X						X		
10	9910						X			X						X		
11	9911					X				X				X				
12	9912						X			X						X		
13	9913								Renel	X				X				
14	9914		X							X				X				
15	9915		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the bes (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED
OMB NO. 0579-0160
G 29790

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Gleshn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9916		X							X				X				
17	9918		X							X				X				
18	9919		X							X						X		
19	9920						X			X						X		
20	9921						X			X						X		
21	9922				X								SN			X		
22	9923		X										SN			X		
23	9924		X										SN	X				
24	9925		X										SN			X		
25	9926			X						X				X				
26	9927		X							X				X				
27	9928		X										SN			X		
28	9929						X						mul	X				
29																		
30																		
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S[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

L060830

TIME HORSES LOADED ON CONVEYANCE: 7pm	DATE: 5-19-10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)		NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce		CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.		STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257		CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691		AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9898		X						X					X				
2	9900						X			X						X		
3	9951		X							X				X				
4	9952					X				X				X				
5	9953						X						CIB			X		
6	9954					X				X				X				
7	9955					X				X						X		
8	9956					X				X				X				
9	9957		X							X				X				
10	9958		X							X				X				
11	9959					X	X			X				X				
12	9960						X			X				X				
13	9961		X							X						X		
14	9962			X						X						X		
15	9963		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUT[redacted]E THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F[redacted]

Previous editions are obsolete

PART 2 - OWNER/SHIPPER

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

L060830

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		9964			X					X				X				
17		9965		X						X				X				
18		9966				X				X				X				
19		9892	X							X						X		
20		9893				X				X				X				
21		9967		X					X					X				
22		9968		X					X					X				
23		9969		X									SN			X		
24		9970					X		X					X				
25		9971		X									SN			X		
26		9972		X									SN			X		
27		8945	X						X						X			
28		9973	X										SN	X				
29																		
30																		
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[redacted] that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
OFFICE CANADIEN 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)

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FORM APPROVED OMB NO. 0579-0160

L060842

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m.

DATE: 6/14/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USE ~~X~~

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Palomin~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9602						X			X				X				
2	9604							Roan		X				X				
3	9605							Pal		X				X				
4	9623		X							X				X				
5	9633						X			X				X				
6	9635			X						X				X				
7	9636					X				X						X		
8	9644		X							X				X				
9	9645		X							X				X				
10	9646		X						X					X				
11	9647		X						X					X				
12	9719					X				X				X				off.
13	9725		X			X				X				X		X		
14	9726						X						S/B			X		
15	9727						X						S/B			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

L060842

SEX

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Spotted	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9731		X								X					X		
17	9732							Roan		X						X		
18	9733		X							X						X		
19	9735		X						X							X		
20	9736						X			X				X			off	
21	9737							PAL		X						X		
22	9738						X			X				X				
23	9739				X					X				X				
24	9745						X			X				X				
25	9746						X			X				X				
26	9747							PAL		X				X			off	
27	9750		X							X						X		
28	9551						X			X						X		
29	9552		X										HF			X		
30	9847		X							X				X				
31																		
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[redacted] the information contained in this form is true and correct 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

L060839

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 6/13/10
[redacted] ER'S NAME: (b)(6)	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USEA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cremo~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9601				X					X				X				
2	9603						X			X				X				
3	9606		X							X						X		
4	9607						X			X				X				
5	9608		X							X				X				
6	9609		X							X						X		
7	9610						X			X				X				
8	9611						X			X				X				
9	9612		X							X						X		
10	9613							Appl		X						X		
11	9614		X							X				X				
12	9615						X			X				X				
13	9616		X							X				X				
14	9617		X							X				X				
15	9618		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

L060839

USE #	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9619							PAI		X						X		
17	9620		X							X				X				
18	9621							BLR		X				X				
19	9622		X							X				X				
20	9716							BKS		X				X				
21	9717							BKS		X				X				
22	9718							BKS		X				X				
23	9728						X			X						X		
24	9741		X							X				X				
25	9743						X			X				X				
26	9819		X						X						X			
27	9836									X						X		
28	9868				X					X					X			
29																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

L060837

TIME HORSES LOADED ON CONVEYANCE: 10:30 P.m

DATE: 6-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9701		X							X				X				
2	9703						X			X				X				
3	9704							APPI		X						X		
4	9705						X			X				X				
5	9708		X							X				X				
6	9752					X				X						X		
7	9753					X				X				X				
8	9754		X							X				X				
9	9757							Roan		X				X				
10	9760		X						X							X		
11	9762					X				X						X		
12	9763							APPI		X				X				
13	9769						X			X				X				
14	9770						X			X						X		
15	9771							Roan		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted]UMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

L 060837

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ SHN	Other	Mare	Stal	Geld		
16	9725							Appl		X				X				
17	9792		X						X					X				
18	9793		X									X				X		
19	9794			X						X						X		
20	9795			X						X				X				
21	9796						X			X						X		
22	9798		X							X						X		
23	9799						X			X				X				
24	9800						X			X				X				
25	9829		X							X				X				
26	9831						X			X						X		
27	9834		X							X				X				
28	9843						X			X				X				
29	9845						X			X				X				
30	9848				X					X						X		
31	9819		X						X						X			
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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)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

L060841

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 6/9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] RIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USE X

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheeth~~ Spot	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9702						X			X				X				
2	9705		X							X						X		
3	9709				X								C/B	X				
4	9710		X										S/B	X				
5	9711						X				X			X				
6	9712					X				X						X		
7	9713						X			X				X				
8	9714						X			X						X		
9	9715						X			X				X				
10	9758						X		X							X		
11	9764		X							X				X				
12	9765		X							X						X		
13	9766									X				X				
14	9767					X				X				X				
15	9768		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREB[redacted]S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to t[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

PART 2 - OWNER/SHIPPER

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

L060841

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9772			X						X				X				
17	9774		X							X				X				
18	9776							App		X				X				
19	9797					X				X				X				
20	9828		X							X				X				
21	9833		X							X				X				
22	9837					X				X						X		
23	9836						X			X				X				
24	9840				X					X				X				
25	9842					X				X				X				
26	9846						X			X				X				
27	9847						X			X				X				
28	9849						X			X						X		
29	9721						X		X						X			
30	9722		X						X						X			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
AGENCE 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

L060838

TIME HORSES LOADED ON CONVEYANCE: 7:15

DATE: 06-09-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USE	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn.~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9813							App		X					X			
2	9651		X							X						X		
3	9652						X			X				X				
4	9653			X						X				X				
5	9654		X							X				X				
6	9655						X			X				X				
7	9656						X			X						X		
8	9657				X					X						X		
9	9658		X							X						X		
10	9659		X							X						X		
11	9660			X						X						X		
12	9661							Bald		X						X		
13	9662						X			X						X		
14	9663					X				X						X		
15	9664						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR [redacted] (b)(6)

I HEREBY [redacted] IS DOCUMENT AND THE INFORMATION IN IT AS COMPLETE [redacted] FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

L060838

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9665		X							X				X				
17	9666		X							X				X				
18	9667						X			X						X		
19	9668						X			X				X				
20	9669			X						X						X		
21	9670			X						X						X		
22	9671		X							X						X		
23	9672		X							X				X				
24	9673						X			X				X				866
25	9674		X							X						X		
26	9905							ASP		X				X				
27	8944						X			X				X				
28	9930		X							X						X		
29	9773		X							X				X				
30	9707		X							X				X				
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATU [redacted] ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L060843

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 06/17/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USE

	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	9623		X							X				X				
2	9624		X							X						X		
3	9625					X				X				X				
4	9626		X							X				X				
5	9627		X							X				X				
6	9628		X							X				X				
7	9629		X							X						X		
8	9630						X			X				X				
9	9631						X			X				X				
10	9632		X							X				X				
11	9634					X				X				X				
12	9635			X						X				X			offers	
13	9639		X							X				X				
14	9640						X			X						X		
15	9641							PA		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGN[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 18/06/2010

TIME 7:50 AM

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted] Previous editions are obslete

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.

89

FORM APPROVED OMB NO. 0579-0160

L060843

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9647			X						X				X				
17	9643			X						X				X				
18	9648		X						X					X				
19	9649		X						X							X		
20	9650		X						X					X				
21	9720					X				X						X		
22	9734		X							X						X		
23	9740		X							X				X				
24	9742		X							X				X				
25	9744						X			X				X				
26	9749							PA		X				X				
27	9553					X				X				X				
28	9554					X				X				X				
29	9556						X			X				X				
30	9557					X				X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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).

SI[redacted] in contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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

L060844

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 6/15/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Rotz's Livestock Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airpot Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9560						X			X						X		
2	9561		X							X						X		
3	9562		X										S/N			X		
4	9563						X						C/B			X		
5	9564						X			X						X		
6	9565					X				X						X		
7	9566						X			X						X		
8	9567						X			X						X		
9	9568							APP		X				X				
10	9569						X			X						X		
11	9570						X			X						X		
12	9571						X			X				X				
13	9572		X							X				X				
14	9573					X				X				X				
15	9574		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUT[redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060844

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Black~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9575						X			X						X		
17	9576		X							X				X				
18	9577						X			X				X				
19	9578						X			X				X				
20	9579						X			X						X		
21	9580						X			X				X				
22	9581						X			X						X		
23	9582					X				X						X		
24	9583		X							X						X		
25	9584		X							X				X				
26	9585		X							X				X				
27	9586									X						X		
28	9587						X			X						X		
29																		
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S[redacted]ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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

1016801

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8536		X							X						X		
2	8538					X				X				X				
3	8539		X							X						X		
4	8541					X				X						X		
5	8544					X				X				X				
6	8547							X		X						X		
7	8564							X		X					X			
8	8565							X		X						X		
9	8572		X							X				X				
10	8574							X		X				X				
11	8583							X		X				X				
12	8587		X						X							X		
13	8588			X					X							X		
14	8591		X							X				X				
15	8592							X		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. C76

DATE 4/3/2010

TIME 1100

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

L065801

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8593						X			X						X		
17	8594						X			X				X				
18	8595		X						X					X				
19	8596						X		X					X				
20	8597						X			X						X		
21	8598						X			X						X		
22	8599		X							X						X		
23	8600		X							X						X		
24	8601							PAL		X						X		
25	8602							PAL		X				X				
26	8603		X										SN	X				
27	8604		X										SN	X				
28	8606		X										SN	X				
29																		
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32																		
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S[redacted]hat the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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PAGE ____ OF ____

(SEP 2002)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FITNESS [redacted] ICATE HTER FACILITY

(b)(6)

30-4-10

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

2660819

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 04-29-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted]

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 4557 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2419

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.

FB

ISAP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9554		X			X				X				X				
2	9569						X			X				X				
3	9570						X			X				X				
4	9574						X						mul	X				
5	9575		X							X						X		
6	9576						X						S/B			X		
7	9577		X							X						X		
8	9578		X							X						X		
9	9579		X							X						X		
10	9580					X				X				X				
11	9581				X					X						X		
12	9585		X							X						X		
13	9586						X			X				X				
14	9587		X							X				X				
15	9588				X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU [redacted]

(b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

2066819

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9596				X					X				X				
17	9610		X							X						X		
18	9612						X		X							X		
19	9614		X						X							X		
20	9615						X		X					X				
21	9616						X		X							X		
22	9617		X						X					X				
23	9618		X						X							X		
24	9619		X						X					X				
25	9620		X						X					X				
26	9622						X		X					X				
27	9623							APP		X				X				
28	9624							PAL		X				X				
29	9625		X											X				
30	9626		X										SN	X		X		
31																		
32																		
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Canada Food Inspection Agency
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

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 [redacted] OR BOTH (18 U.S.C. SECTION 1001).

[redacted] formation contained in this form is true and correct to the best of my knowledge.

[redacted] (b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

[redacted] (b)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

2060820

TIME HORSES LOADED ON CONVEYANCE: 10 pm

DATE: 4-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Kotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Kotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa 17257

CITY, STATE, ZIP CODE: Massueville Qc. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are 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.

15FP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9519					X				X						X		
2	9520						X			X						X		
3	9544		X							X				X				
4	9546						X			X				X				
5	9551					X				X						X		
6	9560			X					X					X				
7	9563						X			X				X				
8	9565						X			X						X		
9	9570						X			X				X				
10	9571						X			X						X		
11	9589							APP		X				X				
12	9590					X				X						X		
13	9592					X				X				X				
14	9593							APP		X						X		
15	9594				X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

2060830

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cremo Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9596				X					X				X				
17	9597							AAP		X				X				
18	9598		X							X				X				
19	9599							PAI		X						X		
20	9601						X			X				X				
21	9602		X							X				X				
22	9603		X							X				X				
23	9604		X							X						X		
24	9605			X						X				X				
25	9606		X							X						X		
26	9607						X			X						X		
27	9608						X			X	X			X		X		
28	9609					X	X			X	X			X				
29	9614					X				X					X			
30																		
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S[redacted] erify that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

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

[redacted] (b)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

G29773

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 04-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: 4571 Airport Rd.

STREET ADDRESS: 5915 Rue Rougier

CITY, STATE, ZIP CODE: Shippensburg Pa 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

ISFP ☒ Pregnant mares are not likely to foal (give birth) during the trip. ☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age. ☒ Horses are not blind in both eyes. ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9089						X			X						X		
2	9090						X			X				X				
3	9091				X					X						X		
4	9092		X							X						X		
5	9093		X							X				X				
6	9094			X						X				X				
7	9095				X					X				X				
8	9096		X							X				X				
9	9097		X							X						X		
10	9098		X							X				X				
11	9099							PAL		X				X				
12	9100						X			X				X				
13	9978		X							X				X				
14	9979							Rom		X				X				
15	9980			X			X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION INSERTED AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

629773

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9981		X							X						X		
17	9982		X							X				X				
18	9983					X				X				X				
19	9984							Appy		X						X		
20	9985		X							X						X		
21	9986		X							X						X		
22	9987						X			X				X				
23	9988				X					X				X				
24	9989						X			X						X		
25	9990			X							X					X		
26	9991						X			X				X				
27	9992						X			X						X		
28	9993		X							X				X				
29	9994		X							X				X				
30	9995		X							X				X				
31																		
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SIGN[redacted] that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

G29775

TIME HORSES LOADED ON CONVEYANCE: 1210

DATE: 4-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 4571 Airport Road

STREET ADDRESS: 595 Bracebridge

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville Quebec Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-8240 910

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.

ASFFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	BREEDING TYPE: TB	QT	Draft	S/N ~~Pony~~	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	9951		X									X				X		
2	9952						X			X				X				
3	9953						X			X				X				
4	9954		X									X				X		
5	9955					X				X						X		
6	9956		X									X				X		
7	9957		X									X				X		
8	9958		X									X				X		
9	9959		X									X		X				
10	9960		X									X				X		
11	9961		X									X				X		
12	9962		X									X		X				
13	9963			X								X		X				
14	9964			X							X					X		
15	9965		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

629725

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Sorrel ~~Black~~	Other	TB	QT	Draft	~~Dairy~~ SIN	Other	Mare	Stal	Geld		
16	9966		X							X		X		X				
17	9967		X							X		X		X				
18	9968		X							X		X				X		
19	9969		X							X		X		X				
20	9970						X			X			X		X			
21	9971						X			X						X		
22	9972			X						X						X		
23	9973							PAL		X				X				
24	9974			X						X						X		
25	9975							App		X						X		
26	9976						X			X			AF	X				
27	9977		X							X		X		X				
28	8944		X							X				X			off	
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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[redacted] certify that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10 PM

DATE: 4-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Road

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

SFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9497					X				X					X			
2	9518					X				X				X				
3	9534							PAL		X				X				
4	9538			X						X				X				
5	9539			X						X				X				
6	9540				X					X						X		
7	9541			X						X				X				
8	9542							PAL		X				X				
9	9543				X					X				X				
10	9544		X							X				X				
11	9547		X							X						X		
12	9549						X			X						X		
13	9550		X							X				X				
14	9552		X							X				X				
15	9553		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted] THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED [redacted]A. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of 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
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

C29772

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
CSFP			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9555						X			X						X		
17	9556		X							X						X		
18	9557						X		X							X		
19	9558		X						X					X				
20	9559		X						X					X				
21	9561		X						X					X				
22	9562						X		/	X				X				
23	9564		X							X				X				
24	9567		X							X						X		
25	9568					X				X				X				
26	9573		X							X						X		
27	9582						X			X						X		
28	9583					X				X						X		
29	9584		X							X						X		
30																		
31																		
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[redacted] that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

629774

TIME HORSES LOADED ON CONVEYANCE: 11:59 pm 4-21-10

DATE: 4-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu meat inc

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA

CITY, STATE, ZIP CODE: Massueville QC Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Horses are able to bear weight on all 4 limbs.
- [ ] Foals are older than 6 months of age.
- [ ] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9414					X				X						X		
2	9433					X				X					X			
3	9436		X						X							X		
4	9437		X						X					X				
5	9474						X			X				X				
6	9475		X										SN			X		
7	9476		X							X						X		
8	9513		X							X				X				
9	9514		X						X							X		
10	9515		X						X					X				
11	9516		X						X					X				
12	9517			X						X				X				
13	9521				X					X				X				
14	9522						X			X				X				
15	9523						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREBY [redacted] S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 0760

DATE 22 AVRIL 2010

TIME 1300

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

639774

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9524		X							X						X		
17	9525				X					X				X				
18	9526				X					X				X				
19	9527					X				X						X		
20	9528					X				X				X				
21	9529						X			X				X				
22	9530		X							X				X				
23	9531						X			X						X		
24	9532						X			X						X		
25	9533					X				X				X				
26	9535				X					X				X				
27	9536		X							X				X				
28	9537						X			X				X				
29																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L 061370

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 04-21-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9482						X			X				X				
2	9483		X							X						X		
3	9484		X							X				X				
4	9485						X			X				X				
5	9486						X			X						X		
6	9487							App		X						X		
7	9488		X							X				X				
8	9489		X							X				X				
9	9490		X							X				X				
10	9491		X							X						X		
11	9492		X							X				X				
12	9493					X				X				X				
13	9494						X			X				X				
14	9495					X				X						X		
15	9496		X							X								

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]E.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]UMENT AND THE INFORMATION IN IT AS COMPLETED [redacted]FICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the bes[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 0716

DATE 22/04/2010

TIME 7h00

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

L 061370

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Sex						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9498					X				X				X				
17	9499						X		X					X				
18	9500						X			X				X				
19	9501		X						X					X				
20	9502							BSM		X				X				
21	9503		X						X							X		
22	9504		X						X					X				
23	9505							Black		X				X				
24	9506						X		X							X		
25	9507		X						X					X				
26	9508		X							X						X		
27	9509						X		X							X		
28	9510						X		X							X		
29	9511		X						X					X				
30	9512		X						X						X			
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

1 061184

TIME HORSES LOADED ON CONVEYANCE: 9pm	DATE: 4-20-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.
STREET ADDRESS: 457 airport rd.	STREET ADDRESS: 4995 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

	USFP TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6974		X							X				X				
2	6975						X			X				X				
3	6976					X				X				X				
4	6977					X				X				X				
5	6978							PAL		X				X				
6	6979					X				X				X				
7	6980		X							X						X		
8	6981		X						X					X				
9	6982		X						X					X				
10	6983						X		X					X				
11	6984		X						X					X				
12	6985		X							X				X				
13	6986					X				X				X				
14	6987		X						X							X		
15	6988							PAL		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SI[redacted] formation contained in this form is true and correct to th[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076
DATE 21/04/2010
TIME 12 hoo

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

L061184

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6989		X							X						X		
17	6990							Roan		X				X				
18	6991						X				X			X				
19	6992		X						X							X		
20	9468		X						X					X				
21	9469		X						X							X		
22	9471					X				X					X			
23	9472		X						X							X		
24	9473		X						X							X		
25	9477		X										SN			X		
26	9478		X										SN	X				
27	9480					X				X				X				
28	9481					X				X				X				
29																		
30																		
31																		
32																		
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[redacted] (b)(6) ...ly that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160 ~~[illegible]~~ 2061375

TIME HORSES LOADED ON CONVEYANCE: 11:59 PM

DATE: 4-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Check~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9445		X							X						X		
2	9446		X						X						X			
3	9447		X									X		X				
4	9448		X									X		X				
5	9449							Appl		X						X		
6	9450					X				X				X				
7	9451			X					X					X				
8	9452						X			X				X				
9	9453		X							X				X				
10	9454		X							X				X				
11	9455					X				X				X				
12	9456					X				X				X				
13	9457					X				X				X				
14	9458		X							X				X				
15	9459						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]T AND THE INFORMATION IN IT AS COMPLETED[redacted]ON OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH 18 U.S.C. SECTION 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] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 0716

DATE 19/04/2010

TIME 10h00

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
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

2061375

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Finto	Sorrel ~~Gleshn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9460				X					X				X				
17	9461		X							X				X				
18	9462		X							X				X				
19	9463				X					X				X				
20	9464							Rave		X				X				
21	9465		X							X				X				
22	9466		X							X				X				
23	9467		X															
24	9428	9429	X							X				X				
25	9430						X			X				X				
26	9432		X							X						X		
27	9435			X						X						X		
28	9431		X							X				X				
29																		
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32																		
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[redacted] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

L 061371

TIME HORSES LOADED ON CONVEYANCE: 9 PM	DATE: 9-14-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: ~~Bruce K. Rotz Rotz's Livestock~~	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd,	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cherin~~ Sorry	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9407		X						X							X		
2	9408		X						X					X				
3	9409						X		X							X		
4	9410						X		X					X				
5	9411						X		X						X			
6	9412		X							X						X		
7	9413							Roan		X				X				
8	9415				X								C/B			X		
9	9416		X							X				X		X		
10	9417		X							X						X		
11	9418		X							X						X		
12	9419		X							X						X		
13	9420		X							X				X				
14	9421					X				X						X		
15	9422							Roan		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted]ENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

L 061371

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel Blaze	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9423							PAL		X						X		
17	9424							Bush		X				X				
18	9426						X			X				X				
19	9427						X			X						X		
20	9428					X				X				X				
21	9434		X							X				X				
22	9438		X						X					X				
23	9439					X			X							X		
24	9440					X			X					X				
25	9441		X						X					X				
26	9442		X						X					X				
27	9443		X						X							X		
28	9444		X						X					X				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OF IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

G29764

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 04-13-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorr Chestn	Other	TB	QT	Draft	S/W Pony	Other	Mare	Stal	Geld		
1	9333		X							X				X				
2	9338						X			X				X				
3	9345						X			X				X				
4	9346						X			X						X		
5	9382					X				X				X				
6	9383					X				X				X				
7	9384							APPLW		X						X		
8	9385							APPLW		X				X				
9	9386						X			X						X		
10	9387		X							X						X		
11	9388					X				X				X				
12	9389					X				X				X				
13	9390		X							X				X				
14	9391		X							X						X		
15	9392						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATEL[redacted].

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGN[redacted] ormation contained in this form is true and correct to the be[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS, DGIF

EST.

DATE

TIME

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
(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

G 29764

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Glestn	Other	TB	QT	Draft	Beef	Other	Mare	Stal	Geld		
16	9393			X						X				X				
17	9394		X						X					X				
18	9395						X			X						X		
19	9399						X			X					X			
20	9396						X			X				X				
21	9397						X		X					X				
22	9398			X						X						X		
23	9399			X						X				X				
24	9400		X						X							X		
25	9401		X						X							X		
26	9402						X		X							X		
27	9403			X					X							X		
28	9404			X					X					X				
29	9405		X						X					X				
30	9406		X						X							X		
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

G 29763

TIME HORSES LOADED ON CONVEYANCE: 9 PM

DATE: 4-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 505 Rue Royale

CITY, STATE, ZIP CODE: ~~Shippensburg Pa. 17257~~

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691 XX

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [ ] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9353						X			X						X		
2	9354						X			X				X				
3	9360		X						X					X				
4	9361		X						X					X				
5	9362							Appl		X					X			
6	9363							Appl		X				X				
7	9356		X						X					X				
8	9357		X						X					X				
9	9358		X						X							X		
10	9359						X			X				X				
11	9364		X							X						X		
12	9365						X			X						X		
13	9366			X						X				X				
14	9367						X			X				X				
15	9368							Appl		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECTION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS [redacted] (b)(6)

Previous editions are obslete

PART 2 - OWNER/SHIPPER

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

G 29763

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9369		X							X						X		
17	9370							APP		X						X		
18	9371		X										mul	X				
19	9372						X			X				X				
20	9373		X							X				X				
21	9374						X			X						X		
22	9375		X										mul	X				
23	9376						X			X						X		
24	9377		X							X						X		
25	9378						X			X						X		
26	9379						X			X				X		X		
27	9380		X							X				X				
28	9381		X							X				X				
29																		
30																		
31																		
32																		
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[redacted] ation contained in this form is true and correct to the best of my knowledge.

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

G 29762

TIME HORSES LOADED ON CONVEYANCE: 6:00Pm

DATE: 04-08-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9320		X							X				X				
2	9322			X						X				X				
3	9323		X									X				X		
4	9324		X									X		X				
5	9325		X									X		X				
6	9326						X			X				X				
7	9327		X									X		X				
8	9328					X				X				X				
9	9329		X										S/B			X		
10	9330		X									X						
11	9304		X						X					X				
12	9303		X						X					X				
13	9331		X							X						X		
14	9332				X					X				X				
15	9334						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AU[redacted]NT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada Government du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13 [redacted] ious editions are obslete

PART 2 OWNER/SHIPPER

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

G 29762

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9335		X							X				X				
17	9336					X				X				X				
18	9337						X			X				X				
19	9339						X			X						X		
20	9340					X				X				X				
21	9341					X				X				X				
22	9342		X							X				X				
23	9343		X							X						X		
24	9344						X			X						X		
25	9347		X							X				X				
26	9348						X			X				X				
27	9349						X			X				X				
28	9350							PAL		X				X				
29	9351		X							X				X				
30	9352							BSW		X				X				
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

9 297[redacted]71

TIME HORSES LOADED ON CONVEYANCE: 8 PM

DATE: 4-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz Bruce Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippeburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2590

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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9289		X							X						X		
2	9290		X						X							X		
3	9291		X						X					X				
4	9292		X						X					X				
5	9293		X						X							X		
6	9294		X						X					X				
7	9295		X						X					X				
8	9296						X		X							X		
9	9297			X					X					X				
10	9298		X						X							X		
11	9300		X						X							X		
12	9301		X	X					X	X				X				
13	9302		X						X							X		
14	9305		X							X				X				
15	9306		X										SW			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTH[redacted]CUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

Canada

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
NESS 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

G 29761

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Cremo~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
	9307						X			X						X		
	9308					X				X						X		
	9309					X				X						X		
	9310		X							X				X				
	9311				X					X				X				
	9312					X				X						X		
	9313		X							X						X		
23	9314						X						SN	X				
24	9315						X				X				X			
25	9316						X				X			X				
26	9317						X						HP	X				
27	9318						X						HP	X				
28	9319							PAL		X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

PAGE ___ OF ___

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

L060816

TIME HORSES LOADED ON CONVEYANCE: 12 AM Start	DATE: 4/7/18
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]	NAME OF AUCTION/MARKET: Rotz's Livestock
Bruce K. Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9152						X			X				X				
2	9155						X			X				X				
3	9179		X							X						X		
4	9181						X			X					X			
5	9182						X			X				X				
6	9183							PAI		X				X				
7	9184							PAI		X						X		
8	9187						X			X						X		
9	9188						X			X						X		
10	9189						X			X						X		
11	9190		X							X				X				
12	9192						X			X						X		
13	9193						X			X						X		
14	9194		X							X						X		
15	9195						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FOR[redacted]revious editions are obslete

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060816

SFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Sorrel	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9196						X			X				X				
17	9199		X							X						X		
18	9200							PAI		X				X				
19	9251						X			X				X				
20	9252		X							X				X				
21	[redacted]																	
22	9254							ASW		X						X		
23	9255		X							X				X				
24	9256						X			X				X				
25	9257		X										C/B	X				
26	9258						X			X					X			
27	9283						X			X				X				
28	9284				X								C/B	X				
29	9285						X				X					X		
30	9286							AP		X				X				
31	9287		X							X						X		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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
L060816

TIME HORSES LOADED ON CONVEYANCE: 17 AM Start

DATE: 4/7/0

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Scot	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9157						X			X				X				
2	9155						X			X				X				
3	9179		X							X						X		
4	9181						X			X					X			
5	9182						X			X				X				
6	9183							PAI		X				X				
7	9184							PAI		X						X		
8	9187						X			X						X		
9	9188						X			X						X		
10	9189						X			X						X		
11	9190		X							X				X				
12	9192						X			X						X		
13	9193						X			X						X		
14	9194		X							X						X		
15	9195						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

Previous editions are obsolete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

2008/5

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 04-01-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

UEFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ GRY	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9118		X							X				X				
2	9212		X	X					X					X				
3	9213		X						X					X				
4	9216		X						X							X		
5	9218		X						X							X		
6	9220						X			X				X				
7	9221		X							X				X				
8	9235						X		X							X		
9	9236					X						X			X			
10	9222		X						X					X		X		
11	9223		X						X							X		
12	9224		X						X					X				
13	9225		X						X					X				
14	9226		X						X							X		
15	9227		X						X							X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 2010

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

VS [redacted]

Previous editions are obsolete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

2060815

JSFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Gleshn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9228		X						X					X				
17	9229		X						X					X				
18	9230						X			X				X				
19	9231						X			X				X				
20	9232		X							X				X				
21	9233						X			X						X		
22	9234		X							X						X		
23	9238		X					APP		X						X		
24	9239						X			X				X				
25	9237							PI		X				X				
26	9240						X			X				X				
27	9241						X			X				X				
28	9242						X			X				X				
29	9243		X							X						X		
30	9246						X			X				X				
31																		
32																		
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34																		
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[redacted] (b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

606817

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am

DATE: 04-06-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNEE (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Gleeth~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9180						X			X				X				
2	9185						X			X				X				
3	9197		X							X						X		
4	9198		X							X						X		
5	9186						X			X				X				
6	9167						X			X						X		
7	9177						X			X						X		
8	9191					X				X				X				
9	9259				X					X				X				
10	9260		X							X				X				
11	9261		X							X				X				
12	9262		X							X				X				
13	9263		X							X				X				
14	9264		X							X				X				
15	9265		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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[redacted] ormation contained in this form is true and correct to

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

Previous editions are obslete

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

L080817

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Black~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9266						X			X				X				
17	9267						X			X				X				
18	9268		X							X				X				
19	9269					X				X				X				
20	9270						X			X				X				
21	9271		X							X				X				
22	9272		X							X				X				
23	9273						X			X						X		
24	9274		X					AB		X					X	X		
25	9275		X							X						X		
26	9276		X							X						X		
27	9277						X			X						X		
28	9278		X							X						X		
29	9279						X			X				X		X		
30	9253						X			X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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[redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

K060812

TIME HORSES LOADED ON CONVEYANCE: 8 pm	DATE: 3-31-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9101		X				X			X				X				
2	9102						X			X				X			off	
3	9103		X									X				X		
4	9104		X							X				X				
5	9106		X							X				X				
6	9107						X			X				X				
7	9108		X							X				X				
8	9109		X							X				X				
9	9110					X				X				X				
10	9111				X					X				X				
11	9112					X				X				X				
12	9113						X			X				X				
13	9114		X							X						X		
14	9115				X					X				X				
15	9117						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

I HEREB[redacted]MENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada SERVICE CANADIENNE D'INSPECTION DES ALIMENTS

Previous editions are obslete

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

L060812

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9118		X							X				X			off	
17	9120							Rove		X				X				
18	9122		X							X						X		
19	9123		X							X						X		
20	9125						X			X				X				
21	9127						X			X				X				
22	9128		X						X							X		
23	9129		X						X							X		
24	9131						X			X				X				
25	9132						X			X				X				
26	9133						X			X				X				
27	9134						X			X				X				
28	9136						X			X				X				
29	9136					X				X					X			
30	9137						X				X					X		
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

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)

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)

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FORM APPROVED OMB NO. 0579-0160

L060808

TIME HORSES LOADED ON CONVEYANCE: 8 pm

DATE: 4-5-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VE[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9153						X			X				X				
2	9154			X						X				X				
3	9156						X			X						X		
4	9157					X				X				X				
5	9158					/	X			X				X				
6	9159						X			X				X				
7	9160		X							X				X				
8	9162		X							X				X				
9	9163		X							X				X				
10	9164		X							X						X		
11	9165		X							X				X				
12	9166		X							X				X				
13	9168		X							X				X				
14	9169		X							X				X				
15	9170		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS [redacted]

Previous editions are obslete

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

2060808

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9171						X			X				X				
17	9172						X			X				X				
18	9173						X			X				X				
19	9174						X			X						X		
20	9175		X							X						X		
21	9178		X							X				X				
22	9247						X						C/B			X		
23	9248				X					X				X				
24	9249						X			X				X				
25	9280						X			X				X				
26	9281					X				X				X				
27	9282						X			X				X				
28	9288		X							X					X			
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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[redacted] information contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of 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

L060833

TIME HORSES LOADED ON CONVEYANCE: 7PM	DATE: 5-31-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9865		X							X				X				
2	9866						X		X							X		
3	9867						X			X						X		
4	9869						X			X						X		
5	9870				X					X						X		
6	9871		X							X				X				
7	9872		X							X				X				
8	9873		X							X						X		
9	9874		X							X						X		
10	9875						X			X				X				
11	9876		X							X				X				
12	9877				X					X				X				
13	9878		X							X				X				
14	9879					X				X						X		
15	9880		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT[redacted] (b)(6)

I HERE[redacted]OCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060833

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditions
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	SIN Rang	Other	Mare	Stal	Geld		
16	9881		X							X				X				
17	9885		X						X					X				
18	9886							Appl		X				X				
19	9887		X									X				X		
20	9888		X									X		X				
21	9889		X									X		X				
22	9890		X									X		X				
23	9891		X									X				X		
24	9892		X									X				X		
25	9893		X									X				X		
26	9894		X									X				X		
27	9895		X									X		X				
28	9883				X							X			X			
29	9884		X							X				X				
30																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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)

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106 FORM APPROVED OMB NO. 0579-0160

L060461

TIME HORSES LOADED ON CONVEYANCE: 6:45 Am	DATE: 07 29-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6827			X					X					X				
2	7123		X						X					X				
3	7168						X		X							X		
4	7192							RAI		X				X				
5	7194		X							X				X				
6	7242		X							X						X		
7	7243						X			X						X		
8	7244							APP		X				X				
9	7245		X							X						X		
10	7246		X							X						X		
11	7247						X						S/D	X				
12	7248		X						X					X				
13	7249		X										S/P			X		
14	7250		X										S/N			X		
15	7251		X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGN[redacted] contained in this form is true and correct to the be[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #75

DATE 30/07/2010

TIME 7:15 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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109

FORM APPROVED OMB NO. 0579-0160

L060464

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 8/5/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[redacted] D DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	7878	915	X										S/N	X				
2	7879	342	X										S/N	X				
3	7880	227	X										S/N	X				
4	7881	407	X										S/N	X				
5	7882	447	X										S/N			X		
6	7883	449						Sorr					S/N	X				
7	7884	409	X										S/N	X				
8	7885	226	X							X				X				
9	7776		X							X				X				
10	7904	710	X						X					X				
11	7886	364	X										S/B			X		
12	7887	247				X				X						X		
13	7888	336						Sorr		X						X		
14	7901	712	X						X	X				X		X		
15	7905	718	X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 6 AUG 2010

TIME 11:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

Previous editions are obslete

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.

93
FORM APPROVED
OMB NO. 0579-0160

L060848

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 7/4/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6769							APP		X				X				
2	6770		X							X						X		
3	6772						X			X				X				
4	6774						X			X						X		
5	6776						X			X				X				
6	6780		X							X				X				
7	6782						X			X						X		
8	6784		X							X						X		
9	6786		X							X						X		
10	6788			X						X				X				
11	6789			X					X					X				
12	6822		X						X					X				
13	6826						X		X							X		
14	6828						X			X					X			
15	6830							APP		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT[redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

934

FORM APPROVED OMB NO. 0579-0160

L060848

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	6833						X			X						X		
17	6834		X							X						X		
18	6835							App		X				X				
19	6837					X				X				X				
20	6840				X					X				X				
21	6842						X			X				X			Offer	
22	6843			X						X				X				
23	6845		X	X					X					X				
24	6846		X						X							X		
25	6874		X						X					X				
26	6875					X				X				X				
27	6876							App		X				X				
28	6877		X										SN	X				
29	6878		X										SN	X				
30	6879		X						X					X				
31																		
32																		
33																		
34																		
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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)

Canada Food Inspection Agency — 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.

92#

FORM APPROVED OMB NO. 0579-0160

L060847

TIME HORSES LOADED ON CONVEYANCE: 9:00pm

DATE: 6/28/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

[redacted] DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SH	Other	Mare	Stal	Geld		
1	6823						X			X						X		
2	~~6828~~ GPP						X		X						X			
3	6831						X			X						X		
4	6848						X		X					X				
5	6850		X						X					X				
6	6851		X						X					X				
7	6858		X						X							X		
8	6853		X						X						X			
9	6854		X									X		X				
10	6855		X						X							X		
11	6856						X		X							X		
12	6857		X						X							X		
13	6858		X									X		X				
14	6859				X							X				X		
15	6860		X									X		X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to th[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

924

FORM APPROVED OMB NO. 0579-0160

L060847

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Beef	Other	Mare	Stal	Geld		
16	6861		X									X				X		
17	6862			X								X				X		
18	6863		X									X				X		
19	6864		X									X		X				
20	6865		X							X						X		
21	6866		X									X		X				
22	6867		X								X					X		
23	6868		X									X		X				
24	6869					X				X						X		
25	6870							App		X				X				
26	6871		X									X		X				
27	6872		X									X				X		
28	6873		X									X				X		
29	6847		X									X			X			
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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).

[redacted] e information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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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91# FORM APPROVED OMB NO. 0579-0160

L060846

TIME HORSES LOADED ON CONVEYANCE: 9:00 PM	DATE: 06-23-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
[redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Shippensburg Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6790		X						X							X		
2	6791		X						X					X				
3	6792		X							X				X				
4	6793			X							X			X				
5	6794						X			X						X		
6	6795		X						X							X		
7	6796						X			X				X				
8	6797			X						X						X		
9	6798						X			X				X				
10	6799							Appl		X						X		
11	6800						X			X				X				
12	6801						X			X				X				
13	6802						X			X				X				
14	6803						X			X						X		
15	6804		X										6/N			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY A[redacted]THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[redacted] information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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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9/16

FORM APPROVED OMB NO. 0579-0160

L060846

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sandy ~~Black~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6805							BKS					SIM	X				
17	6806		X							X				X				
18	6807					X				X				X				
19	6808		X							X						X		
20	6809							APP		X						X		
21	6810							BKS		X				X				
22	6811						X			X				X				
23	6812		X							X				X				
24	6813					X				X						X		
25	6814						X			X						X		
26	6815					X				X				X				
27	6816						X			X						X		
6817 28	~~6817~~							PKL		X				X				
29	6818							BKS		X				X				
30	6819						X			X						X		
31																		
32																		
33																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada

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[illegible] that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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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101 #

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 pm.

DATE: 7/20/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock Buyer

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu meat INC.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USFP 1	7115			X						X				X				
2	7116		X							X						X		
3	7117		X							X				X				
4	7120		X						X					X				
5	7121		X						X					X				
6	7122		X						X					X				
7	7124		X							X						X		
8	7125							PAI		X				X				
9	7126						X			X				X				
10	7127						X			X						X		
11	7128						X			X				X				
12	7129							Rone		X						X		
13	7130		X							X				X				
14	7131							Rone		X						X		
15	7160						X			X				X				

HORSES HA[redacted]REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]YANCE.

SIGNATURE [redacted] (b)(6)

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S[redacted] the information contained in this form is true and correct to th[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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105

FORM APPROVED OMB NO. 0579-0160

L060460

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 7/20/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 459-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7803						X						S/B	X				
2	7804						X			X				X				
3	7805		X										S/N			X		
4	7806		X										S/N			X		
5	7807				X								S/N			X		
6	7808				X					X						X		
7	7809						X			X				+				
8	7810		X							X				X				
9	7811						X			X				X				
10	7812						X			X				X				
11	7813						X			X						X		
12	7814		X							X				X				
13	7815					X				X				X				
14	7816						X			X								
15	7817		X							X				X				

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SI[redacted]n contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 28/07/2010

TIME 10:25 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

Previous editions are obslete

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

L060832

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sorrel	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9817			X						X						X		
17	9896			X					X					X				
18	9897		X										SN			X		
19	9898					X				X						X		
20	9899		X						X					X				
21	9900		X				X		X					X				
22	9820		X							X				X				
23	9821		X							X				X				
24	9822		X							X				X				
25	9823		X							X						X		
26	9824		X							X				X				
27	9825		X							X				X				
28	9826						X			X						X		
29	9827			X						X				X				
30	9828		X							X				X				
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SIGNATURE OF OWNER/SHIPPER: I certify that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

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
(CONTINUATION SHEET)

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109

FORM APPROVED OMB NO. 0579-0160

L060464

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7889				X								S/N	X				
17	7903	045						Buckskin		X						X		
18	7907		X							X				X				
19	7890	933			X						X					X		
20	7891	301	X										S/N			X		
21	7892	452						Spot		X				X				
22	7775	405	X										S/B			X		
23	7893							Spot		X						X		
24	7894	651						PM		X						X		
25	7895	1488	X							X						X		
26	7896	1378	X							X				X				
27	7897	1380						Spot		X						X		
28	7898	1383						Spot		X				X				
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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103 #

FORM APPROVED OMB NO. 0579-0160

L060458

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 7/25/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7118		X							X						X		
2	7159		X							X						X		
3	7163		X						X							X		
4	7167		X						X					X				
5	7169		X							X						X		
6	7181		X						X					X				
7	7182						X			X				X				
8	7184			X						X				X				
9	7186		X							X						X		
10	7187		X							X				X				
11	7188			X						X				X				
12	7190							PA	[redacted]	X				X				
13	7193		X							X				X				
14	7195		X							X				X				
15	7197						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 26/07/2010

TIME 13:50 HR

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

Previous editions are obslete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
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103 th

FORM APPROVED OMB NO. 0579-0160

L060458

JSFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Roan	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7198		X							X				X				
17	7200					X				X				X				
18	7201		X							X				X				
19	7203		X							X						X		
20	7204		X							X				X				
21	7205		X							X				X				
22	7206		X							X				X				
23	7209					X				X					X			
24	7210					X				X					X			
25	7211			X					X					X				
26	7212					X			X					X				
27	7801							PAL		X				X				
28	7802						X			X				X				
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[redacted]

(b)(6)