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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	1415					X			X				X				
17		1416					X			X				X				
18		1417	X										X			X		
19		1418	X										X			X		
20		1419					X			X				X				
21	✓	1420					X			X						X		
22		1421					X			X				X				
23	✓	1422	X										X			X		
24	✓	1423	X										X			X		
25		1424	X										X			X		
26	✓	1425					X			X				X				
27		1426					X			X				X				
28		1427	X										X			X		
29		1428	X										X			X		
30	✓	1429	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).

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: 1:00 AM
DATE: 7-2-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore
STREET ADDRESS: 94 Hoover DR.
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Covel Canada Export inc.
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: St. Andre - Avellin
AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1484			X					X						X		
2		1485				X				X				X				
3		1486			X						X			X				
4		1487					X			X				X				
5		1488					X				X			X				
6		1489					X				X					X		
7		1490	X							X				X				
8		1491					X				X			X				
9		1492	X										X	X				
10		1493			X					X				X				
11		1494	X							X				X				
12		1495				X				X				X				
13		1496	X						X					X				
14		1497	X						X					X				
15	✓	1498	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),

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 2-07-2009
TIME 12:00 PM

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

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

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

(b)(6),

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	1499			X								X			X		
17		1500	X										X			X		
18		1501	X							X						X		
19		1502					X						X			X		
20		1503	X						X							X		
21		1504					X			X				X				
22		1505					X			X				X				
23		1506	X						X					X				
24		1507	X						X					X				
25		1508	X							X				X				
26		1509	X										X	X				
27		1510	X										X	X				
28		1511	X										X	X				
29																		
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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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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM
DATE: 7-2-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore
STREET ADDRESS: 94 Hoover DR.
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export inc.
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: St. Andre - Avellin
AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1484			X					X						X		
2		1485				X				X				X				
3		1486			X						X			X				
4		1487					X			X				X				
5		1488					X				X			X				
6		1489					X				X					X		
7		1490	X							X				X				
8		1491					X				X			X				
9		1492	X										X	X				
10		1493			X					X				X				
11		1494	X							X				X				
12		1495				X				X				X				
13		1496	X						X					X				
14		1497	X						X					X				
15		1498	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),

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 2-07-2009
TIME 12:00 PM

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

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

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

(b)(6),

FOIA11-804000758

U.S. DEPARTMENT 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: 1:00 AM

DATE: 7-8-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: B Man Move

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang St. Julia-est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	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	USFA	1512					X			X				X				
2		1513	X						X					X				
3		1514	X						X					X				
4		1515						X					X	X				
5		1516				X				X				X				
6		1517					X				X					X		
7		1518			X						X					X		
8		1519					X			X				X				
9		1520				X				X				X				
10		1521					X			X				X				
11		1522	X							X				X				
12		1523	X						X					X				
13		1524			X					X						X		
14		1525				X				X						X		
15		1526					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),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE July 9th 2009

TIME 0700 7h45

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(b)(6),

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

VS FORM 10-13 (AUG 2004) 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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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1527	X										X			X		
17		1528	X							X				X				
18		1529	X						X							X		
19		1530					X		X					X				
20		1531					X			X				X				
21		1532	X						X							X		
22		1533			X						X			X				
23		1534				X				X						X		
24		1535	X							X						X		
25		1536	X										X	X				
26		1537	X										X			X		
27		1538					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),

VS FORM 10-13A
(SEP 2002)

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FOIA11-804000760

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: 1:00 AM

DATE: 7-8-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julien-Est

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1512					X			X				X				
2		1513	X						X					X				
3		1514	X						X					X				
4		1515						X					X	X				
5		1516				X				X				X				
6		1517					X				X					X		
7		1518			X						X					X		
8		1519					X			X				X				
9		1520				X				X				X				
10		1521					X			X				X				
11		1522	X							X				X				
12		1523	X						X					X				
13		1524			X					X						X		
14		1525				X				X						X		
15		1526					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. #505

DATE July 9th 2009

TIME 7h45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

BEST COPY AVAILABLE

U.S. DEPARTMENT 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: 1:00 AM

DATE: 7-15-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7566

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI CAnada Export Inc

STREET ADDRESS: 517 Rang St. Julie est St Andr Avelin

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.:

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

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- [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	USA	1540					X			X						X		
2		1541					X			X				X				
3		1542	X							X				X				
4	✓	1543	X										X	X				
5	✓	1544					X				X			X				
6	✓	1545					X			X				X				
7		1546	X							X						X		
8	✓	1547					X				X					X		
9		1548					X		X					X				
10		1549			X				X							X		
11		1550	X							X						X		
12	✓	1551						X					X			X		
13	✓	1552	X						X							X		
14		1553	X						X							X		
15	↓	1554	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),

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 15 Juillet 2009
TIME 12:30 PM

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

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

(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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	1555					X		X							X		
17		1556	X						X							X		
18		1557						X		X				X				
19		1558	X						X							X		
20	✓	1559			X								X	X				
21	✓	1560	X										X	X				
22	✓	1561			X								X			X		
23	✓	1562	X										X			X		
24	✓	1563					X				X					X		
25	✓	1564	X							X				X				
26		1565					X		X							X		
27	✓	1566					X		X							X		
28	✓	1567			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.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA 11-804000763

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 7-15-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI CANada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est St Andre Avelin

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.: 717-865-7596

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1540					X			X						X		
2		1541					X			X				X				
3		1542	X							X				X				
4	✓	1543	X										X	X				
5	✓	1544					X				X			X				
6	✓	1545					X			X				X				
7		1546	X							X						X		
8	✓	1547					X				X					X		
9		1548					X		X					X				
10		1549			X				X							X		
11		1550	X							X						X		
12	✓	1551						X					X			X		
13	✓	1552	X						X							X		
14		1553	X						X							X		
15	↓	1554	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),

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. 505

DATE 15 Juillet 2009

TIME 12:30 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11-804000764 000785

U.S. DEPARTMENT 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: 1:00 A.m.

DATE: 7-22-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-2580

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Jule est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USPA	1568			X								X			X		
2		1569					X				X					X		
3		1570					X				X			X				
4		1571	X										X			X		
5		1572					X						X	X				
6	✓	1573			X				X					X				
7	✓	1574	X						X					X				
8	✓	1575			X				X							X		
9		1576	X										X			X		
10		1577	X						X					X				
11		1578				X				X				X				
12	✓	1579	X										X			X		
13		1580					X			X				X				
14		1581	X										X			X		
15	✓	1582	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),

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. # 505

DATE July 23Th 2009

TIME 7h45 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

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	1583					X						X			X		
17	↓	1584					X						X			X		
18	↓	1585					X						X			X		
19		1586					X						X			X		
20		1587					X			X				X				
21		1588					X			X				X				
22		1589					X			X				X				
23		1590	X							X				X				
24		1591					X		X					X				
25		1592			X				X					X				
26		1593					X		X					X				
27		1594					X		X							X		
28	↓	1595	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

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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)

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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: 1:00 Am.
DATE: 7-22-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-2581

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Rang St Jule est.
CITY, STATE, ZIP CODE: St. Andre Avellin
AREA CODE & TELEPHONE NO.:

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] 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	USFA	1568			X								X			X		
2		1569					X				X					X		
3		1570					X				X			X				
4		1571	X										X			X		
5		1572					X						X	X				
6	✓	1573			X				X					X				
7	✓	1574	X						X					X				
8	✓	1575			X				X							X		
9		1576	X										X			X		
10		1577	X						X					X				
11		1578				X				X				X				
12	✓	1579	X										X			X		
13		1580					X			X				X				
14		1581	X										X			X		
15	✓	1582	X				[redacted]						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. # 505
DATE July 23Th 2009
TIME 7h45 am

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

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

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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: 1:30 A.m.
DATE: 8-18-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEO CANada Export Inc.

STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St Andre - Avellin

AREA CODE & TELEPHONE NO.: 717-865-2586
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1682					X			X				X				
2		1683				X				X				X				
3		1684	X							X						X		
4		1685					X			X				X				
5		1686					X			X				X				
6		1687	X						X					X				
7		1688	X										X			X		
8		1689	X						X					X				
9		1690					X				X					X		
10		1691					X				X			X				
11		1692					X				X			X				
12		1693					X			X						X		
13		1694					X						X			X		
14		1695	X							X								
15		1696					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),

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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. 505
DATE 18/08/2009
TIME 14h00

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

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

BEST COPY AVAILABLE

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	1697					X			X				X				
17		1698	X							X				X				
18		1699					X			X				X				
19		1700					X			X				X				
20		1701					X						X	X				
21		1702					X			X						X		
22		1703	X						X					X				
23		1704	X						X							X		
24		1705	X						X					X				
25		1706					X		X					X				
26		1707	X						X					X				
27		1708	X						X					X				
28		1709	X						X							X		
29		1710	X						X							X		
30		1711	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),

BEST COPY AVAILABLE

U.S. DEPARTMENT 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: 1:30 A.m.

DATE: 8-18-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hooker Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-2586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: St Andre-Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1682					X			X				X				
2		1683				X				X				X				
3		1684	X							X						X		
4		1685					X			X				X				
5		1686					X			X				X				
6		1687	X						X					X				
7		1688	X										X			X		
8		1689	X						X					X				
9		1690					X				X					X		
10		1691					X				X			X				
11		1692					X				X			X				
12		1693					X			X						X		
13		1694					X						X					
14		1695	X							X								
15		1696					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),

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. 505
DATE 18/08/2009
TIME 14h00

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)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 Am

DATE: 8-20-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17030

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada-Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1712					X		X					X				
2		1713	X						X					X				
3		1714	X						X					X				
4		1715					X				X			X				
5		1716				X				X				X				
6		1717					X			X				X				
7		1718	X							X				X				
8		1719					X		X							X		
9		1720	X						X							X		
10		1721					X		X					X				
11		1722	X						X					X				
12		1723	X										X			X		
13		1724	X										X	X				
14		1725	X							X				X				
15		1726	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 (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. 505

DATE 20/08/2009

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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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)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USCA	1727	X										X	X				
17		1728	X										X	X				
18		1729	X										X	X				
19		1730	X										X			X		
20		1731	X										X			X		
21		1732	X										X			X		
22		1733	X						X					X				
23		1734					X		X					X				
24		1735	X						X					X				
25		1736	X						X					X				
26		1737	X										X	X				
27		1738					X				X					X		
28		1739	X						X					X				
29		1740	X						X					X				
30		1741	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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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),

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FOIA11-804000772

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 Am

DATE: 8-20-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVel CANada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17090

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865 7596

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1712					X		X					X				
2		1713	X						X					X				
3		1714	X						X					X				
4		1715					X				X			X				
5		1716				X				X				X				
6		1717					X			X				X				
7		1718	X							X				X				
8		1719					X		X							X		
9		1720	X						X							X		
10		1721					X		X					X				
11		1722	X						X					X				
12		1723	X										X			X		
13		1724	X										X	X				
14		1725	X							X				X				
15		1726	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),

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. 505

DATE 20/08/2009

TIME 13:00

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

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FOIA11 804000773

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 8-28-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jamestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: (4Y) Canada Export Inc.

STREET ADDRESS: 94 Heaven Drive

STREET ADDRESS: 517 Rang St Julie est

CITY, STATE, ZIP CODE: Jamestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avelin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1742					X			X						X		
2		1743					X		X					X				
3		1744	X						X							X		
4		1745	X										X			X		
5		1746					X			X				X				
6		1747	X										X	X				
7		1748					X			X				X				
8		1749					X				X			X				
9		1750	X										X			X		
10		1751	X										X	X				
11		1752					X				X			X				
12		1753	X										X			X		
13		1754					X				X					X		
14		1755	X										X			X		
15		1756	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.

SIG (b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 28/08/2009

TIME 13h20 P.M.

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(b)(6),

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FOIA11-804000774

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	1757	X						X					X				
17		1758	X						X					X				
18		1759	X						X							X		
19		1760	X							X						X		
20		1761	X						X					X				
21		1762	X						X					X				
22		1763					X			X				X				
23		1764				X				X				X				
24		1765					X			X						X		
25		1766	X						X					X				
26		1767	X						X					X				
27		1768					X		X							X		
28		1769					X			X				X				
29		1770			X					X						X		
30		1771	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).

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),

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629367

FOIA11-804000775

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 8-28-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avelin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1742					X			X						X		
2		1743					X		X					X				
3		1744	X						X							X		
4		1745	X										X			X		
5		1746					X			X				X				
6		1747	X										X	X				
7		1748					X			X				X				
8		1749					X				X			X				
9		1750	X										X			X		
10		1751	X										X	X				
11		1752					X				X			X				
12		1753	X										X			X		
13		1754					X				X					X		
14		1755	X										X			X		
15		1756	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),

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. 505

DATE 28/08/2009

TIME 13h20 P.M.

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

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Page 1 of 2
G 20788

FOIA11-804000776

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 6-2-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jamestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jamestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7506

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1798	X							X				X				
2		1799	X										X			X		
3		1800	X										X			X		
4		1801			X								X	X				
5		1802	X										X			X		
6		1803	X										X			X		
7		1804					X						X	X				
8		1805	X							X				X				
9		1806					X			X				X				
10		1807	X										X			X		
11		1808	X							X						X		
12		1809	X										X			X		
13		1810	X										X	X				
14		1811					X		X							X		
15		1812	X							X						X		

Dre Emmanuelle Charpentier
DMV
Vétérinaire en chef ET: 505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

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

SIG (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2009/09/02

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	1843	X						X					X				
17		1844	X							X				X				
18		1845	X							X				X				
19		1846					X			X						X		
20		1847					X			X						X		
21		1848	X						X							X		
22		1849	X							X						X		
23		1850	X						X					X				
24		1851	X						X					X				
25		1852	X						X							X		
26		1853					X		X							X		
27		1854	X										X	X				
28		1855					X				X					X		
29		1856					X				X					X		
30		1857					X						X	X				
31																		
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Dre Emmanuelle Charpentier
D.M.V.
Vétérinaire en chef ET.505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

ET 505
2009/04/04
B-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.)

(b)(6),

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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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	1813	X						X							X		
17		1814	X										X	X				
18		1815	X							X				X				
19		1816	X						X					X				
20		1817			X								X			X		
21		1818			X				X							X		
22		1819	X							X				X				
23		1820					X			X						X		
24		1821					X						X	X				
25		1822					X			X	X			X				
26		1823					X				X			X				
27		1824			X						X			X				
28		1825					X			X				X				
29		1826	X							X				X				
30		1827					X			X				X				
31																		
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42																		
43																		
44																		
45																		

Dre Emmanuelle Charpentier
D.M.V.

Vétérinaire en chef ET: 505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc

JUV TWO

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

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FOIA11-804000779

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 8-31-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Chief Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Quebec J0V 1W0 Canada

AREA CODE & TELEPHONE NO.: 717-865-7596

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1772	X							X						X		
2		1773	X							X						X		
3		1774	X						X					X				
4		1775	X						X							X		
5		1776	X						X							X		
6		1777	X						X					X				
7		1778					X		X					X				
8		1779					X			X				X				
9		1780	X										X			X		
10		1781	X										X	X				
11		1782	X										X	X				
12		1783	X						X							X		
13		1784					X						X	X				
14		1785					X			X						X		
15		1786	X						X									

Dre Emmanuelle Charpentier, D.M.V.
Vétérinaire en chef ET: 505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

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

SIGNATU (b)(6),

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505 | 08/31 received

DATE 2009/09/01/slaughter

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 9-11-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1858					X						X			X		
2		1859				X				X				X				lesion of the hock hind right leg
3		1860					X			X				X				
4		1861					X			X				X				
5		1862	X							X				X				
6		1863				X				X						X		
7		1864	X							X						X		
8		1865	X										X			X		
9		1866					X			X				X				
10		1867	X							X				X				
11		1868	X						X							X		
12		1869						X		X						X		
13		1870					X				X			X				
14		1871					X						X	X				
15		1872	X										X			X		

grey

Emmanuelle Charpentier
Veterinary officer
CFIA

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. SS

DATE 2009/09/11

TIME 15:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	1903	X							X				X				
17		1904	X							X						X		
18		1905	X							X				X				
19		1906	X							X						X		
20		1907					X			X						X		
21		1908					X			X						X		
22		1909				X				X				X				
23		1910					X			X						X		
24		1911				X				X				X				
25		1912	X										X	X				
26		1913	X							X				X				
27		1914	X							X				X				
28		1915					X			X				X				
29		1916	X							X				X				
30		1917					X			X						X		
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5 carporter
Bright
vehicle
BOS
2009/09/16
15:15

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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)

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FOIA11-804000782

I 48176

U.S. DEPARTMENT OF AGRICULTURE
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	USFA	1873			X					X						X		
17		1874					X			X						X		
18		1875					X				X			X				
19		1876	X							X						X		
20		1877				X				X				X				
21		1878					X			X				X				
22		1879					X			X				X				
23		1880				X				X				X				
24		1881					X			X				X				
25		1882			X						X			X				
26		1883			X					X				X				
27		1884	X										X			X		
28		1885	X										X			X		
29		1886	X							X				X				
30		1887	X										X			X		
31																		
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Emmanuelle Chapman
505
2009/09/11
15-45

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.)

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FOIA11-804000783

U.S. DEPARTMENT 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: 1:00 AM
DATE: 9-16-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI Canada Export Inc.

STREET ADDRESS: 84 Hoover Drive
STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1888					X			X				X				
2		1889	X						X					X				
3		1890					X						X			X		
4		1891					X			X				X				
Black		1892	X										X	X				
6		1893					X			X						X		
7		1894					X			X						X		
8		1895	X							X						X		
Black. 9		1896	X										X			X		
10		1897					X		X							X		
11		1898	X						X					X				
12		1899	X										X			X		
13		1900					X			X						X	Vet in charge est sc	
14		1901						X		X				X				
15		1902	X						X									

Emmanuella Chapa

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

SIGN (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 508
DATE 2009/09/16
TIME 15:15

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

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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)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 A.M.

DATE: 9-22-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT INC.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1918					X		X							X		
2		1919					X			X				X				
3		1920	X						X							X		
4		1921	X										X			X		
5		1922					X			X				X				
6		1923	X										X			X		
7		1924	X										X			X		
8		1925	X										X	X				
9		1926	X										X			X		
10		1927					X			X				X				
11		1928					X						X			X		
12		1929	X										X	X				
13		1930	X										X			X		
14		1931					X						X			X		
15		1932	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

BEST COPY AVAILABLE

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	1903	X							X				X				
17		1904	X							X						X		
18		1905	X							X				X				
19		1906	X							X						X		
20		1907					X			X						X		
21		1908					X			X						X		
22		1909				X				X				X				
23		1910					X			X						X		
24		1911				X				X				X				
25		1912	X										X	X				
26		1913	X							X				X				
27		1914	X							X				X				
28		1915					X			X				X				
29		1916	X							X				X				
30		1917					X			X						X		
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5 CONTAINERS
20 Ligets
Vehicle 605
2009/09/16
15:15

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)

VS FORM 10-13A
(SEP 2002)

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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)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM
DATE: 9-4-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 517 Rang St. Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1828					X			X						X		
2		1829	X						X							X		
3		1830	X							X				X				
4		1831	X						X							X		
5		1832	X										X			X		
6		1833					X		X					X				
7		1834	X						X							X		
8		1835	X						X							X		
9		1836					X				X					X		
10		1837						X		X				X				
11		1838					X			X				X				
12		1839						X		X				X				
13		1840					X			X				X				
14		1841				X				X				X				
15		1842	X										X			X		

Dre Emmanuelle Charpentier D.M.V.
Dre Emmanuelle Charpentier D.M.V.

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. 505
DATE 2009/09/04
TIME 13:15

DIRECTION GÉNÉRALE DES ÉCHANGES ET DE INSPECTION EN FRONTIÈRES (DGIF)
EST.
DATE
TIME

Veterinaire en chef ET505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

BEST COPY AVAILABLE

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	VSFA	1873			X					X						X		
17		1874					X			X						X		
18		1875					X				X			X				
19		1876	X							X						X		
20		1877				X				X				X				
21		1878					X			X				X				
22		1879					X			X				X				
23		1880				X				X				X				
24		1881					X			X				X				
25		1882			X						X			X				
26		1883			X					X				X				
27		1884	X										X			X		
28		1885	X										X			X		
29		1886	X							X				X				
30		1887	X										X			X		
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Emmanuelle Chaffotte
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2009/09/11
15:45

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.)

(b)(6)

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	1843	X						X					X				
17		1844	X							X				X				
18		1845	X							X				X				
19		1846					X			X						X		
20		1847					X			X						X		
21		1848	X						X							X		
22		1849	X							X						X		
23		1850	X						X					X				
24		1851	X						X					X				
25		1852	X						X							X		
26		1853					X		X							X		
27		1854	X										X	X				
28		1855					X				X					X		
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Dre Emmanuelle Charpentier
D.M.V.

Vétérinaire en chef ET.505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

ET 505
2009/09/04
B.45

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

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FOIA11-804000780 - 061176

U.S. DEPARTMENT 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: 1:00 am

DATE: Nov 2

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [ ] 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	USFA	2248	X							X						X		
2		2249	X										X			X		
3		2250	X										X	X				
4		2251	X										X	X				
5		2252	X							X				X				
6		2253					X			X				X				
7		2254					X						X			X		
8		2255	X										X			X		
9		2256					X				X					X		
10		2257	X							X				X				
11		2258	X							X				X				
12		2259	X										X			X		
13		2260	X										X			X		
14		2261	X							X						X		
15		2262					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. #505

DATE Nov. 3rd, 2009

TIME 7:30 AM

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	USFA	2263					X				X			X				
17		2264					X			X				X				
18		2265					X			X						X		
19		2266					X						X			X		
20		2267	X										X			X		
21		2268	X							X				X				
22		2269	X										X	X				
23		2270	X										X	X				
24		2271	X										X			X		
25		2272	X										X			X		
26		2273					X						X	X				
27		2274					X						X			X		
28		2275	X										X			X		
29		2276						X		X						X		
30		2277					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)

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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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	7263					X				X			X				
17		7264					X			X				X				
18		7265					X			X						X		
19		7266					X						X			X		
20		7267	X										X			X		
21		7268	X							X				X				
22		7269	X										X	X				
23		7270	X										X	X				
24		7271	X										X			X		
25		7272	X										X			X		
26		7273					X						X	X				
27		7274					X						X			X		
28		7275	X										X			X		
29		7276						X		X						X		
30		7277					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 + 1 of 165

FOIA11-804000792

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

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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: 1:30 AM

DATE: 8-12-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang Ste Julie est, St Andre Avelin

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1652			X								X			X		
2	✓	1653	X										X			X		
3	✓	1654					X			X				X				
4		1655	X										X			X		
5		1656	X						X							X		
6		1657	X						X							X		
7	✓	1658	X										X			X		
8		1659	X										X			X		
9		1660			X								X			X		
10		1661	X						X					X				
11	✓	1662	X						X							X		
12	✓	1663	X						X					X				
13	✓	1664	X										X	X				
14		1665					X				X					X		
15	✓	1666	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)

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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. 505

DATE 12-8-9

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

I48165

FOIA11-804000793

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	1667					X		X							X		
17	✓	1668	X						X					X				
18	✓	1669				X				X				X				
19		1670	X										X	X				
20	✓	1671			X								X	X				
21	✓	1672	X							X				X				
22		1673	X							X				X				
23		1674					X			X				X				
24	✓	1675	X						X							X		
25		1676					X		X					X				
26		1677	X						X					X				
27		1678					X			X				X				
28	✓	1679						X		X						X		
29		1680	X										X	X				
30	✓	1681	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)

VS FORM 10-13A
(SEP 2002)

page + Tu 165

FOIA11-804000794

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

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OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 AM

DATE: 8-12-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est, St. Andre Avelin

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.: 717-865-7566

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USPA	1652			X								X			X		
2		1653	X										X			X		
3		1654					X			X				X				
4		1655	X										X			X		
5		1656	X						X							X		
6		1657	X						X							X		
7		1658	X										X			X		
8		1659	X										X			X		
9		1660			X								X			X		
10		1661	X						X					X				
11		1662	X						X							X		
12		1663	X						X					X				
13		1664	X										X	X				
14		1665					X				X					X		
15		1666	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)

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. 505

DATE 12-8-9

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11-804000795

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg, PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover Dr.

STREET ADDRESS: 517 Rang-Julia est, Andre-Avellin

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: Quebec, Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

12/6/11

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.

	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	USFA	0122					X			X				X				
2		0123	X										X	X				
3		0124					X				X			X				
4		0125	X										X			X		
5		0126					X			X				X				
6		0127				X				X				X				
7		0128					X			X						X		
8		0129					X			X						X		
9		0130					X			X				X				
10		0131					X			X				X				
11		0132					X			X				X				
12		0133	X							X				X				
13		0134	X							X				X				
14		0135	X							X						X		
15	USFA	0136	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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPR (b)(6) HAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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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01AT1804000796

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30	DATE: 11-21-08
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St Suite est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2128					X			X						X		
2		2129	X							X				X				
3		2130	X										X	X				
4		2131	X										X			X		
5		2132	X										X			X		
6		2133	X						X							X		
7		2134	X							X				X				
8		2135	X										X			X		
9		2136	X						X					X				
10		2137			X								X			X		
11		2138			X						X					X		
12		2139				X				X						X		
13		2140				X				X						X		
14		2141	X							X				X				
15		2142	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)

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

FOIA11-804000797

2061167

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

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

(Please type or print in ink)

BEST COPY AVAILABLE

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

FORM APPROVED OMB NO. 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	VSFA	2143	X						X					X				
17		2144	X						X					X				
18		2145					X		X							X		
19		2146	X							X				X				
20		2147	X						X					X				
21		2148	X						X					X				
22		2149	X										X			X		
23		2150	X						X					X				
24		2151	X						X							X		
25		2152	X										X			X		
26		2153					X			X						X		
27		2154	X						X					X				
28		2155	X										X			X		
29		2156	X										X			X		
30		2157	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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

BEST COPY AVAILABLE

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am	DATE: 11/30
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: —
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie Est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St. Andre-Avellin
AREA CODE & TELEPHONE NO.: 717-965-7586	AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2548				X				X				X				
2		2549					X			X						X		
3		2550	X							X						X	Deformation face	
4		2551				X				X						X		
5		2552	X							X				X				
6		2553	X							X				X				
7		2554					X			X						X		
8		2555	X							X				X				
9		2556				X				X						X		
10		2557				X				X				X				
11		2558					X			X						X		
12		2559				X				X				X				
13		2560				X				X						X		
14		2561				X				X				X			MIA 6 artrite joint	
15		2562				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. 505

DATE 30-11-2009

TIME 12h00

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)

BEST COPY AVAILABLE

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EDA11804000799

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM	DATE: 1/7/06
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: Jonestown PA.	CITY, STATE, ZIP CODE: St. Andre Avellin
AREA CODE & TELEPHONE NO.: 717-865-7506	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2518				X				X						X		
2		2519	X								X					X		
3		2520					X			X				X				
4		2521	X							X				X				
5		2522					X			X				X				
6		2523					X			X				X				
7		2524						X		X				X				
8		2525					X			X				X				
9		2526	X							X				X				
10		2527						X		X				X				
11		2528	X										X	X				
12		2529						X		X				X				
13		2530	X							X						X		
14		2531	X							X				X				
15		2532				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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

BEST COPY AVAILABLE

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

FORM APPROVED OMB NO. 0579-0160

804000800

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 11-05

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Range St. Suite est.

CITY, STATE, ZIP CODE: Jonestown PA

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-665-7566

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2488	X						X							X		
~~2~~		~~2489~~					X		X							X		
3		2490				X				X						X		
4		2491	X						X					X				
5		2492					X		X					X				
6		2493					X			X				X				
7		2494					X			X						X		
8		2495	X							X				X				
9		2496					X			X				X				
10		2497					X			X				X				
11		2498				X				X				X				
12		2499	X										X			X		
~~13~~		~~2500~~						X		X				X				
~~14~~		~~2501~~					X			X				X				
15		2502					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

2060959

U.S. DEPARTMENT 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 1204000801
FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 11/23/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: (b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2458	X										X			X		
2		2459					X			X						X		
3		2460			X					X						X		
4		2461				X				X				X				
5		2462						X		X				X				
6		2463						X		X				X				
7		2464					X			X				X				
8		2465				X				X				X				
9		2466					X		X							X		
10		2467	X							X				X				
11		2468					X						X	X				
12		2469					X			X				X				
13		2470					X			X				X				
14		2471					X				X					X		
15		2472			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. 505

DATE 23-11-2009

TIME 12:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

(b)(6)

BEST COPY AVAILABLE

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

CFIA 1-804009802

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 11-18-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	15FA	2398				X				X				X				
2		2399	X							X				X				
3		2400			X								X			X		
4		2401	X						X					X				
5		2402					X			X						X		
6		2403	X										X	X				
7		2404					X			X				X				
8		2405					X				X					X		
9		2406				X				X				X				
10		2407						X		X						X		
11		2408	X										X			X		
12		2409	X						X					X				
13		2410	X						X					X				
14		2411	X						X					X				
15		2412	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)

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. 505

DATE 18-11-2009

TIME 15h30

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)

BEST COPY AVAILABLE

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

FOIA11-804000803

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 11/13

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2368	X										X			X		
2		2369	X										X			X		
3		2370	X										X	X				
4		2371	X										X	X				
5		2372	X										X			X		
6		2373	X										X			X		
7		2374	X										X	X				
8		2375	X										X			X		
9		2376	X										X			X		
10		2377	X										X			X		
11		2378					X			X						X		
12		2379					X			X						X		
13		2380					X		X							X		
14		2381	X										X			X		
15		2382					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. SOS

DATE 13-11-2009

TIME 12h50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 1 of 2
L061170

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

BEST COPY AVAILABLE

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

FOIA11-804000804

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 11/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7596

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2338			X					X				X				
2		2339			X					X						X		
3		2340			X					X				X				
4		2341						X		X				X				
5		2342	X							X				X				
6		2343					X			X						X		
7		2344	X							X						X		
8		2345	X						X					X				
9		2346	X						X							X		
10		2347					X			X						X		
11		2348					X		X					X				
12		2349					X			X				X				
13		2350					X			X						X		
14		2351						X					X			X		
15		2352	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. #505

DATE November 12th 2009

TIME 7:45 Am

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2000897

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

BEST COPY AVAILABLE

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

(Please type or print in ink)

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

FOIA11-894000805

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	USFA	2323					X				X					X		
17		2324					X				X					X		Not Loaded
18		2325	X										X			X		
19		2326	X										X			X		
20		2327	X							X						X		
21		2328	X							X				X				
22		2329					X			X						X		
23		2330	X										X	X				
24		2331					X						X			X		
25		2332	X										X			X		
26		2333	X										X	X				
27		2334	X										X			X		
28		2335			X								X			X		one Eye
29		2336	X						X					X				
30		2337	X										X	X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

Page 1 of 2
LC6 1159

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

BEST COPY AVAILABLE

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FOIA11-804000806

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4:00 AM

DATE: 10-16-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2098	X										X	X				
2		2099	X						X							X		
3		2100	X						X					X				
4		2101	X						X							X		
5		2102					X		X							X		
6		2103	X						X							X		
7		2104	X						X							X		
8		2105					X		X					X				
9		2106					X			X				X				
10		2107	X							X				X				
11		2108					X		X					X				
12		2109	X						X							X		
13		2110	X						X							X		
14		2111	X						X					X				
15		2112	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)

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

1416

L061158

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

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

(Please type or print in ink)

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

FOIA 11-804000807

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		2083					X				X					X		
17		2084	X								X					X		
18		2085			X						X			X				
19		2086					X				X					X		
20		2087					X			X				X				
21		2088	X						X							X		
22		2089	X						X							X		
23		2090			X								X			X		
24		2091	X										X			X		
25		2092	X							X				X				
26		2093	X										X	X				
27		2094	X										X	X				
28		2095	X							X						X		
29		2096	X										X	X				
30		2097			X						X			X				
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Sta SOS
2009/10/14
12:50

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)

I48166

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

BEST COPY AVAILABLE

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

FOIA 11-804-000808

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 10-5-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT INC.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1978	X										X			X		
		1979					X			X						X		
3		1980	X						X					X				
4		1981	X						X					X				
5		1982					X						X	X				
6		1983	X						X					X				
7		1984	X										X	X				
8		1985	X										X			X		
9		1986	X						X					X				
10		1987	X						X							X		
11		1988	X										X			X		
12		1989					X						X			X		
13		1990					X			X				X				
14		1991	X							X				X				
15		1992	X							X				X				

right side transferred

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

SIGNATU (b)(6)

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

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

3/11/15

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 05

DATE 2009/10/05

TIME 15:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 1 of 2
L061186

U.S. DEPARTMENT 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 804000809
FORM APPROVED
OMB NO. 0579-0160

(1)

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM
DATE: 12/16
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore
STREET ADDRESS: 94 Hoover Dr.
CITY, STATE, ZIP CODE: Jonestown, PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julie Est.
CITY, STATE, ZIP CODE: St. Andre - Adviller - Canada
AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	✓	2698					X			X						X		
2	✓	2699				X				X						X		
3	✓	2700	X							X						X		
4	✓	2701	X							X						X		
5	✓	2702						X		X						X		
6	✓	2703					X			X						X		
7	✓	2704			X						X			X				
8	✓	2705			X						X			X				
9		2706	X										X			X		
10	✓	2707					X			X				X				
11	✓	2708					X			X				X				
12	✓	2709	X							X				X				
13	✓	2710					X				X			X				
14	✓	2711						X		X				X				
15	✓	2712						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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00AM
DATE: 12/4
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7506

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: St. Andre Avellin
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2608					X				X			X				
2		2609			X						X			X				
3		2610					X				X			X				
4		2611					X			X				X				
5		2612			X					X						X		
6		2613					X		X					X				
7		2614	X							X						X		
8		2615					X						X			X		
9		2616	X								X			X				
10		2617					X				X					X		
11		2618					X				X					X		Big BACK Fat Leg
12		2619					X				X					X		
13		2620					X				X					X		
14		2621			X						X					X		
15		2622					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. 505
DATE 4-12-2009
TIME 12:30

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: Nice
DATE: 13/11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 577 Rang St. Suite est.

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2668	X						X					X				
2		2669				X				X						X		
3		2670	X						X					X				
4		2671					X			X						X		
5		2672	X							X				X				
6		2673	X							X						X		
7		2674					X			X						X		
8		2675					X						X	X				
9		2676					X			X						X		
10		2677					X			X				X				Blind Eye
11		2678	X						X					X				
12		2679	X						X					X				
13		2680					X			X						X		
14		2681			X					X						X		
15		2682	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 (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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:30 AM
DATE: 11-8-08
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredericksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: Rental Brian Moore
NAME OF AUCTION/MARKET: Lebanon Valley livestock market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME:

STREET ADDRESS: 94 Hoover DR.
STREET ADDRESS:

CITY, STATE, ZIP CODE: Jonestown, PA 17038
CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.: 717-865-7586
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		4923					✓	✓						✓				
2		4924	✓						✓							✓		
3		4925			✓				✓					✓				
4		4926			✓				✓							✓		
5		4927	✓						✓					✓				
6		4928	✓					✓						✓				
7		4929	✓					✓						✓				
8		4930						✓		✓						✓		
9		4931	✓						✓							✓		
10		4932	✓					✓						✓		✓		
11		4933				✓							✓	✓		✓		
12		4934					✓						✓	✓		✓		
13		4935					✓		✓					✓				
14		4936					✓		✓					✓		✓		
15		4937					✓		✓					✓		✓		

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

(b)(6)

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

VS FORM 10-13

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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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time needed to complete this information collection is estimated to average 4 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc

STREET ADDRESS: 517 Rang St. Julie est St. Andrew Avella

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

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

- [ ] Pregnant mares are not likely to foal (give birth) during this 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 unassiste

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS incl existing conditi
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1.	USFA	1250			X					X						X		
2		1251	X							X				X				
3		1252	X							X				X				
4		1253	X							X				X				
5		1254	X						X					X		X		
6		1255	X						X					X				
7		1256	X						X							X		
8		1257	X						X					X				
9		1258	X						X					X				
10		1259	X						X							X		
11		1260	X						X							X		
12		1261	X						X							X		
13		1262	X						X							X		
14		1263					X			X						X		
15		1264	X					X										

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 5 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIG (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CF

AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Canada
Gouvernement du Canada

EST.

DATE 29 may

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FOIA11-804000814

U.S. DEPARTMENT 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: 1:00 AM

DATE: 10-6-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang St. Julia

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2008					X			X						X		
2		2009	X										X	X				
3		2010			X						X					X		
4		2011	X										X	X				
5		2012	X										X	X				
6		2013	X										X	X				
7		2014	X										X			X		
8		2015	X										X	X				
9		2016			X								X	X				
10		2017	X						X					X				
11		2018	X										X	X				
12		2019	X										X	X				
13		2020					X				X					X		
14		2021	X										X			X		
15		2022	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)

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. # 505

DATE October 6th 2009

TIME 12 h 55 am p. 12:55 pm.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	1787	X						X					X				
17		1788	X										X	X				
18		1789	X										X	X				
19		1790	X							X				X				
20		1791					X			X				X				
21		1792					X			X				X				
22		1793	X						X							X		
23		1794	X							X				X				
24		1795	X						X					X				
25		1796					X				X					X		
26		1797			X								X	X				
27																		
28																		
29																		
30																		
31																		
32																		
33																		
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42																		
43																		
44																		
45																		

Dre Emmanuelle Charpentier
D.M.V.
Vétérinaire en chef ET: 505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

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)

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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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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:AM
DATE: 5-20-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Driver
CITY, STATE, ZIP CODE: Jonestown PA 17030
AREA CODE & TELEPHONE NO.: 717 865-2596

CONSIGNEE (PROCESSOR/DESTINATION) NAME: LAVEL CANada Export Inc
STREET ADDRESS: 517 Rang St Julie-Est St Andre 4 Mailing
CITY, STATE, ZIP CODE:
AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Incl existing conditi
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1220	✓							✓				✓				
2		1221				✓				✓				✓				
3		1222				✓				✓				✓				
4		1223	✓						✓					✓				
5		1224	✓							✓				✓				
6		1225	✓							✓				✓		✓		
7		1226	✓					✓								✓		
8		1227	✓					✓						✓				
9		1228	✓						✓					✓				
10		1229	✓					✓								✓		
11		1230	✓					✓								✓		
12		1231			✓			✓								✓		
13		1232	✓							✓				✓				
14		1233	✓					✓						✓				
15		1234						✓		✓								

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

SIGN (b)(6)

CANADIAN FOOD INSPECTION AGENCY OF

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

EST. 21 mai 2009

DATE 11505

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

TIME 0h0

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Page 1

FOIA 11-804000317

637197

U.S. DEPARTMENT 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: 12:45 pm

DATE: 5-18-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717 865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export inc

STREET ADDRESS: 517 Rang Ste-Julie est

CITY, STATE, ZIP CODE: St. Andre-Avellin, Canada

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Includ existing condition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1190					✓			✓						✓		
2		1191				✓				✓				✓				
3		1192			✓				✓					✓				
4		1193	✓						✓					✓				
5		1194						✓					✓			✓		
6		1195	✓							✓				✓				
7		1196					✓				✓					✓		
8		1197	✓							✓				✓				
9		1198						✓			✓			✓				
10		1199					✓		✓					✓				
11		1200					✓			✓						✓		
12		1201	✓										✓			✓		
13		1202	✓						✓					✓				
14		1203	✓										✓			✓		
15		1204	✓						✓					✓				

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

SIGNATURE (b)(6)

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 [illegible] THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b)(6)

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

(b)(6)

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

EST. #505

DATE 19 may 2009

TIME 0h

Page 1
G-28753

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FOIA11-804000818

U.S. DEPARTMENT 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 3 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: 94 Hoover Drive Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Range St Julie est ~~Andre Avellin~~

CITY, STATE, ZIP CODE: St. Andre - Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Cheska	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc	REMARKS Include existing conditions
1	US-FA	1280					X				X					X		
2		1281					X				X					X		
3		1282	X					X						X				
4		1283	X					X								X		
5		1284					X	X						X				
6		1285	X					X						X				
7		1286					X				X					X		
8		1287					X				X			X				
9		1288	X					X						X				
10		1289	X				X			X				X				
11		1290	X							X				X				
12		1291			X					X						X		
13		1292	X					X								X		
14		1293				X				X				X				
15		1294	X					X								X		

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

SIGNATURE: (b)(6)

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

EST. 505

DATE 3 Juin 2009

TIME 12:30 PM

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

FOIA Release 2004000819

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT INC
STREET ADDRESS: 517 Rang St. Julie est, St. Andre Avellin
CITY, STATE, ZIP CODE:
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1340	X					X								X		
2		1341	X					X								X		
3		1342	X					X						X				
4		1343	X					X								X		
5		1344	X					X						X				
6		1345	X					X						X				
7		1346					X	X						X				
8		1347					X	X								X		
9		1348					X			X				X				
10		1349			X						X					X		
11		1350					X			X				X				
12		1351	X						X					X				
13		1352					X		X					X				
14		1353					X				X					X		
15		1354					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).

(b)(6)

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. 505
DATE 10 [illegible] 2009
TIME 1:30

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

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

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FOIA11-804000328

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Dr.
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717 865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export inc.
STREET ADDRESS: 517 Rang St Julie est
CITY, STATE, ZIP CODE: St. Andre - Avellin Canada
AREA CODE & TELEPHONE NO.: —

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1310					X				X			X				
2		1311					X				X			X				
3		1312					X				X					X		
4		1313					X				X					X		
5		1314	X										X			X		
6		1315	X										X	X				
7		1316	X										X	X				
8		1317						X					X	X				
9		1318	X										X	X				
10		1319					X				X			X				
11		1320	X										X			X		
12		1321	X										X	X				
13		1322			X								X			X		
14		1323	X										X			X		
15		1324	X										X	X				

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

CANADIAN FOOD INSPECTION AGENCY

SIGNATURE

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

EST. #505

DATE June 5, 2009

TIME 08 h 1.45

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 — Gouvernement du Canada

Page 1
G28781

U.S. DEPARTMENT 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.

FOIA 11-804-000821

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 7-2-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre - Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1484			X					X						X		
2		1485				X				X				X				
3		1486			X						X			X				
4		1487					X			X				X				
5		1488					X				X			X				
6		1489					X				X					X		
7		1490	X							X				X				
8		1491					X				X			X				
9		1492	X										X	X				
10		1493			X					X				X				
11		1494	X							X				X				
12		1495				X				X				X				
13		1496	X						X					X				
14		1497	X						X					X				
15		1498	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 AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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. 505

DATE 2-07-2009

TIME 12:00 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 1 of 2

628785

FOIA11-804000822

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am.

DATE: 7-22-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-2586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1568			X								X			X		
2		1569					X				X					X		
3		1570					X				X			X				
4		1571	X										X			X		
5		1572					X						X	X				
6	✓	1573			X				X					X				
7	✓	1574	X						X					X				
8	✓	1575			X				X							X		
9		1576	X										X			X		
10		1577	X						X					X				
11		1578				X				X				X				
12	✓	1579	X										X			X		
13		1580					X			X				X				
14		1581	X										X			X		
15	✓	1582	X				[redacted]						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)

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. # 505

DATE July 23th 2009

TIME 7h45 am D

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)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 7-15-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI CAnada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est St Andr Avelin

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1540					X			X						X		
2		1541					X			X				X				
3		1542	X							X				X				
4	✓	1543	X										X	X				
5	✓	1544					X				X			X				
6	✓	1545					X			X				X				
7		1546	X							X						X		
8	✓	1547					X				X					X		
9		1548					X		X					X				
10		1549			X				X							X		
11		1550	X							X						X		
12	✓	1551						X					X			X		
13	✓	1552	X						X							X		
14		1553	X						X							X		
15	✓	1554	X						X									

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

SIG (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 15 Juillet 2009

TIME 12:30 PM

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(b)(6)

U.S. DEPARTMENT 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.

FOIA11-804000824

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 7-8-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie-est

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: —

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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	USFA	1512					X			X				X				
2		1513	X						X					X				
3		1514	X						X					X				
4		1515						X					X	X				
5		1516				X				X				X				
6		1517					X				X					X		
7		1518			X						X					X		
8		1519					X			X				X				
9		1520				X				X				X				
10		1521					X			X				X				
11		1522	X							X				X				
12		1523	X						X					X				
13		1524			X					X						X		
14		1525				X				X						X		
15	✓	1526					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)

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. #505

DATE July 9th 2009

TIME 0h 7h45

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

FOIA11-804000825

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

BEST COPY AVAILABLE

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 A.m.

DATE: 8-18-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-2586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI CANada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: St Andre - Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1682					X			X				X				
2		1683				X				X				X				
3		1684	X							X						X		
4		1685					X			X				X				
5		1686					X			X				X				
6		1687	X						X					X				
7		1688	X										X			X		
8		1689	X						X					X				
9		1690					X				X					X		
10		1691					X				X			X				
11		1692					X				X			X				
12		1693					X			X						X		
13		1694					X						X					
14		1695	X							X								
15		1696					X			X				X				

CANADIAN FOOD INSPECTION AGENCY — 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: (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. 505

DATE 18/08/2009

TIME 1400

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

page + I48165

FOIA11-804000826

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 AM

DATE: 8-12-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang Sth Jonesestn St. Andre Avelin

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA ✓	1652			X								X			X		
2	✓	1653	X										X			X		
3	✓	1654					X			X				X				
4		1655	X										X			X		
5		1656	X						X							X		
6		1657	X						X							X		
7	✓	1658	X										X			X		
8		1659	X										X			X		
9		1660			X								X			X		
10		1661	X						X					X				
11	✓	1662	X						X							X		
12	✓	1663	X						X					X				
13	✓	1664	X										X	X				
14		1665					X				X					X		
15	✓	1666	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)

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. 505

DATE 12-8-9

TIME 12:30

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 Am

DATE: 8-20-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17090

AREA CODE & TELEPHONE NO.: 717-865 7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1712					X		X					X				
2		1713	X						X					X				
3		1714	X						X					X				
4		1715					X				X			X				
5		1716				X				X				X				
6		1717					X			X				X				
7		1718	X							X				X				
8		1719					X		X							X		
9		1720	X						X							X		
10		1721					X		X					X				
11		1722	X						X					X				
12		1723	X										X			X		
13		1724	X										X	X				
14		1725	X							X				X				
15		1726	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 (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. 505

DATE 20/08/2009

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 1 of 2
F48171

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 A.M.

DATE: 9-22-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1918					X		X							X		
2		1919					X			X				X				
3		1920	X						X							X		
4		1921	X										X			X		
5		1922					X			X				X				
6		1923	X										X			X		
7		1924	X										X			X		
8		1925	X										X	X				
9		1926	X										X			X		
10		1927					X			X				X				
11		1928					X						X			X		
12		1929	X										X	X				
13		1930	X										X			X		
14		1931					X						X			X		
15		1932	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)

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

page 2 of 2
G28786

FOIA11-804000829

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	1903	X							X				X				
17		1904	X							X						X		
18		1905	X							X				X				
19		1906	X							X						X		
20		1907					X			X						X		
21		1908					X			X						X		
22		1909				X				X				X				
23		1910					X			X						X		
24		1911				X				X				X				
25		1912	X										X	X				
26		1913	X							X				X				
27		1914	X							X				X				
28		1915					X			X				X				
29		1916	X							X				X				
30		1917					X			X						X		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

5 compartment
Bolgnet
vehicle 505
2009/09/16
15:15

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)

VS FORM 10-13A
(SEP 2002)

G29367

U.S. DEPARTMENT 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.

CA0413804000830

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 8-28-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Lavel Canada Export Inc.

STREET ADDRESS: 517 Rang St John est

CITY, STATE, ZIP CODE: St Andre Avelin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1742					X			X						X		
2		1743					X		X					X				
3		1744	X						X							X		
4		1745	X										X			X		
5		1746					X			X				X				
6		1747	X										X	X				
7		1748					X			X				X				
8		1749					X				X			X				
9		1750	X										X			X		
10		1751	X										X	X				
11		1752					X				X			X				
12		1753	X										X			X		
13		1754					X				X					X		
14		1755	X										X			X		
15		1756	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)

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. 505

DATE 28/08/2009

TIME 13h20 P.M.

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

	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	VSFA	1873			X					X						X		
17		1874					X			X						X		
18		1875					X				X			X				
19		1876	X							X						X		
20		1877				X				X				X				
21		1878					X			X				X				
22		1879					X			X				X				
23		1880				X				X				X				
24		1881					X			X				X				
25		1882			X						X			X				
26		1883			X					X				X				
27		1884	X										X			X		
28		1885	X										X			X		
29		1886	X							X				X				
30		1887	X										X			X		
31																		
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Emmanuelle Chapelet
505
2009/09/11
15:45

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.)

(b)(6)

678784

FOIA11-804000832

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	1843	X						X					X				
17		1844	X							X				X				
18		1845	X							X				X				
19		1846					X			X						X		
20		1847					X			X						X		
21		1848	X						X							X		
22		1849	X							X						X		
23		1850	X						X					X				
24		1851	X						X					X				
25		1852	X						X							X		
26		1853					X		X							X		
27		1854	X										X	X				
28		1855					X				X					X		
29		1856					X				X					X		
30		1857					X						X	X				
31																		
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Dre Emmanuelle Charpentier
D.M.V.
Vétérinaire en chef ET.505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

ET 505
2009/09/04
B-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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

BEST COPY AVAILABLE

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	1813	X						X							X		
17		1814	X										X	X				
18		1815	X							X				X				
19		1816	X						X					X				
20		1817			X								X			X		
21		1818			X				X							X		
22		1819	X							X				X				
23		1820					X			X						X		
24		1821					X						X	X				
25		1822					X			X	X			X				
26		1823					X				X			X				
27		1824			X						X			X				
28		1825					X			X				X				
29		1826	X							X				X				
30		1827					X			X				X				
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Dre Emmanuelle Charpentier
D.M.V.

Vétérinaire en chef ET: 505
Les Viandes de la Petite Nation Inc.
617 rang Ste-Julie
St-André-Avellin, Qc

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY ME OR TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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 (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	USFA	1787	X						X					X				
17		1788	X										X	X				
18		1789	X										X	X				
19		1790	X							X				X				
20		1791					X			X				X				
21		1792					X			X				X				
22		1793	X						X							X		
23		1794	X							X				X				
24		1795	X						X					X				
25		1796					X				X					X		
26		1797			X								X	X				
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Dre Emmanuelle Charpentier
D.M.V.
Vétérinaire en chef ET: 505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

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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)

L061176

FOIA11-804000835

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 am

DATE: Nov 2

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est,

CITY, STATE, ZIP CODE: Sonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [ ] 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	USFA	2248	X							X						X		
2		2249	X										X			X		
3		2250	X										X	X				
4		2251	X										X	X				
5		2252	X							X				X				
6		2253					X			X				X				
7		2254					X						X			X		
8		2255	X										X			X		
9		2256					X				X					X		
10		2257	X							X				X				
11		2258	X							X				X				
12		2259	X										X			X		
13		2260	X										X			X		
14		2261	X							X						X		
15		2262					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. #505

DATE Nov. 3rd, 2009

TIME 7:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2061176

U.S. DEPARTMENT 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.

EOM11-09-000836

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 am	DATE: Nov 2
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St Julia est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.:

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [ ] 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	USEA	2248	X							X						X		
2		2249	X										X			X		
3		2250	X										X	X				
4		2251	X										X	X				
5		2252	X							X				X				
6		2253					X			X				X				
7		2254					X						X			X		
8		2255	X										X			X		
9		2256					X				X					X		
10		2257	X							X				X				
11		2258	X							X				X				
12		2259	X										X			X		
13		2260	X										X			X		
14		2261	X							X						X		
15		2262					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. #505

DATE Nov. 3rd, 2009.

TIME 7:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2061173

FOIA11-804000837

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	2233					X			X						X		
17		2234	X							X				X				
18		2235	X							X				X				
19		2236					X			X				X				
20		2237	X							X				X				
21		2238	X							X				X				
22		2239						X		X						X		
23		2240					X			X						X		
24		2241				X				X				X				
25		2242					X			X				X				ONE EYE
26		2243	X							X				X				
27		2244	X							X				X				
28		2245						X		X						X		ONE EYE
29		2246					X						X	X				
30		2247			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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

206167

U.S. DEPARTMENT 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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CBSA# 304000838

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30

DATE: 10-31-05

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Suite est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2128					X			X						X		
2		2129	X							X				X				
3		2130	X										X	X				
4		2131	X										X			X		
5		2132	X										X			X		
6		2133	X						X							X		
7		2134	X							X				X				
8		2135	X										X			X		
9		2136	X						X					X				
10		2137			X								X			X		
11		2138			X						X					X		
12		2139				X				X						X		
13		2140				X				X						X		
14		2141	X							X				X				
15		2142	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)

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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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

FDA 1 1604000839

TIME HORSES LOADED ON CONVEYANCE: 12:30

DATE: 10-31-05

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Suite est.

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2128					X			X						X		
2		2129	X							X				X				
3		2130	X										X	X				
4		2131	X										X			X		
5		2132	X										X			X		
6		2133	X						X							X		
7		2134	X							X				X				
8		2135	X										X			X		
9		2136	X						X					X				
10		2137			X								X			X		
11		2138			X						X					X		
12		2139				X				X						X		
13		2140				X				X						X		
14		2141	X							X				X				
15		2142	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)

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

G-38394 page 1

FOIA11-804000840

U.S. DEPARTMENT 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 AM

DATE: 7.4.09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg PA

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

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-Julia est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada

AREA CODE & TELEPHONE NO.: 717. 865-7586

AREA CODE & TELEPHONE NO.:

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [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	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0216					✓				✓			✓				
2		0217	✓						✓					✓				
3		0218	✓						✓					✓				
4		0219	✓						✓					✓				
5		0220					✓		✓					✓				
6		0221	✓						✓					✓				
7		0222					✓			✓				✓				
8		0223					✓			✓						✓		
9		0224					✓			✓						✓		
10		0225					✓			✓						✓		
11		0226	✓						✓							✓		
12		0227	✓							✓				✓				
13		0228	✓						✓					✓				
14		0229					✓			✓						✓		
15		0230					✓			✓				✓				

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

SIGNATURE

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

FOIA11-804000841

637200

U.S. DEPARTMENT 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

DATE: 3-1-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang st Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada.

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0684	X						X					X				
2		0685	X						X					X				
3		0686	X							X						X		
4		0687				X				X						X		
5		0688				X				X				X				
6		0689				X				X				X				
7		0690					X		X					X				
8		0691	X						X					X				
9		0692	X						X					X				
10		0693	X						X					X				
11		0694	X							X						X		
12		0695					X			X						X		
13		0696				X				X				X				
14		0697					X			X				X				
15	V	0698	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)

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).

(b)(6)

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

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637177

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	Gray	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0669	✓										✓	✓				
17		0670			✓								✓			✓		
18		0671	✓										✓			✓		
19		0672			✓								✓	✓				
20		0673						✓		✓						✓		
21		0674						✓		✓						✓		
22		0675	✓								✓					✓		
23		0676	✓							✓				✓				
24		0677	✓							✓				✓				
25		0678					✓			✓						✓		
26		0679	✓										✓			✓		
27		0680	✓										✓			✓		
28		0681	✓							✓						✓		
29		0682					✓			✓				✓				
30	✓	0683	✓										✓			✓		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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FOIA11-804000843 57196

U.S. DEPARTMENT 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: 8:30 AM

DATE: 4/08/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jamestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover Dr.

STREET ADDRESS: 517 Range A Julie est

CITY, STATE, ZIP CODE: Jamestown PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	0981	X										X			X		
2		0982	X										X			X		
3		0983	X										X			X		
4		0984					X		X					X				
5		0985					X			X						X		
6		0986					X			X						X		
7		0987					X			X				X				
8		0988	X							X						X		
9		0989	X							X						X		
10		0990					X						X	X				
11		0991					X						X			X		
12		0992				X				X						X		
13		0993	X										X	X				
14		0994	X										X			X		
15		0995	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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISON (b)(6) TH (18 U.S.C. SECTION 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

FOIA11-804000844

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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)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI Canada Export Inc

STREET ADDRESS: 517 Rang St, Julie est St, Andrew Avellia

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS (incl. existing condit
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
1.	USFA	1250			X					X						X		
2		1251	X							X				X				
3		1252	X							X				X				
4		1253	X							X				X				
5		1254	X						X					X		X		
6		1255	X						X					X				
7		1256	X						X							X		
8		1257	X						X					X				
9		1258	X						X					X				
10		1259	X						X							X		
11		1260	X						X							X		
12		1261	X						X							X		
13		1262	X						X							X		
14		1263					X			X						X		
15		1264	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)

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 (b)(6) RE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

CANADIAN FOOD INSPECTION AGENCY (CF

Canada Gouvernement du Canada
Agence canadienne d'inspection des aliments

EST.

DATE 29 May 2012

page 1
028780

U.S. DEPARTMENT 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.

FOIA11-804000845

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 6-30-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie-est.

CITY, STATE, ZIP CODE: St. Andrea-Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1456				X				X				X				
2	✓	1457					X		X					X				
3	✓	1458	X										X			X		
4	✓	1459	X										X	X				
5		1460	X										X			X		
6		1461	X										X	X				
7	✓	1462	X										X			X		
8	✓	1463	X										X			X		
9	✓	1464			X								X	X				
10		1465	X										X			X		
11		1466					X			X				X				
12		1467					X		X					X				
13		1468					X			X						X		
14	✓	1469					X				X					X		
15	✓	1470	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)

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. 505

DATE 30 Juin 2009

TIME 12:30 PM

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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:AM
DATE: 5-20-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA
VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Driver
CITY, STATE, ZIP CODE: Jonestown PA 17036
AREA CODE & TELEPHONE NO.: 717-865-2586

CONSIGNEE (OWNER/DESTINATION) NAME: LAVEL Canada Export Inc
STREET ADDRESS: 517 Rang St Julie-Est St Andre 4 Mdilani
CITY, STATE, ZIP CODE:
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Incl. existing conditi
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1220	✓							✓				✓				
2		1221				✓				✓				✓				
3		1222				✓				✓				✓				
4		1223	✓						✓					✓				
5		1224	✓							✓				✓				
6		1225	✓							✓				✓		✓		
7		1226	✓					✓								✓		
8		1227	✓					✓						✓				
9		1228	✓						✓					✓				
10		1229	✓					✓								✓		
11		1230	✓					✓								✓		
12		1231			✓			✓								✓		
13		1232	✓							✓				✓				
14		1233	✓					✓						✓				
15		1234						✓		✓								

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

SIGN (b)(6)

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.

CANADIAN FOOD INSPECTION AGENCY OF

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

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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)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: 94 Hoover Drive Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7582

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc

STREET ADDRESS: 517 Range St Julia est ~~Ste Avell~~

CITY, STATE, ZIP CODE: St. Andre - Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Gray	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc	REMARKS Inc existing condit
1	USA	1280					X				X					X		
2		1281					X				X					X		
3		1282	X					X						X				
4		1283	X					X								X		
5		1284					X	X						X				
6		1285	X					X						X				
7		1286					X				X					X		
8		1287					X				X			X				
9		1288	X					X						X				
10		1289	X				X			X				X				
11		1290	X							X				X				
12		1291			X					X						X		
13		1292	X					X								X		
14		1293				X				X				X				
15		1294	X					X								X		

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

CANADIAN FOOD INSPECTION AGENCY (CI

SIGNATURE

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to

U.S. DEPARTMENT 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: 1:00 A.M.

DATE: 9-22-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1918					X		X							X		
2		1919					X			X				X				
3		1920	X						X							X		
4		1921	X										X			X		
5		1922					X			X				X				
6		1923	X										X			X		
7		1924	X										X			X		
8		1925	X										X	X				
9		1926	X										X			X		
10		1927					X			X				X				
11		1928					X						X			X		
12		1929	X										X	X				
13		1930	X										X			X		
14		1931					X						X			X		
15		1932	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

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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: 1:00 Am

DATE: 3-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Sonestown PA 17030

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3268	X						X					X				
2		3269	X						X					X				
3		3270				X				X				X				
4		3271	X							X				X				
5		3272	X							X						X		
6		3273	X						X					X				
7		3274				X				X				X				
8		3275					X			X				X				
9		3276	X							X						X		
10		3277					X			X				X				
11		3278					X			X				X				
12		3279			X						X			X				not Loaded
13		3280					X			X				X				
14		3281						X		X						X		
15		3282				X				X						X		

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

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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. OIB #505

DATE: March, 9th, 2010

TIME: 7:45 AM

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	Gray	Blk.	Palo	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0137					X			X						X		
17		0138					X				X			X				
18		0139					X			X						X		
19		0140					X			X				X				
20		0141	X										X	X				
21		0142					X			X				X				
22		0143	X										X			X		
23		0144					X			X						X		
24		0145	X										X			X		
25		0146					X		X							X		
26		0147				X				X						X		
27		0148	X										X	X				
28		0149	X						X							X		
29		0150	X						X							X		
30		0151	X						X							X		
31		0152	X										X	X				
32	USFA	0153					X			X						X		
33																		
34																		
35																		
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0327	✓										✓	✓				
17		0328	✓							✓						✓		
18		0329	✓							✓						✓		
19		0330					✓			✓						✓		
20		0331					✓						✓	✓				
21		0332	✓										✓	✓				
22		0333	✓										✓			✓		
23		0334	✓										✓			✓		
24		0335	✓										✓	✓				
25		0336	✓						✓							✓		
26		0337	✓										✓			✓		
27		0338	✓										✓			✓		
28		0339	✓							✓				✓				
29		0340					✓			✓				✓				
30		0341					✓			✓						✓		
31		0342	✓										✓			✓		
32		0343	✓										✓	✓				
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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
(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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	359					X			X						X		
17		360					X			X				X				
18		361	X							X						X		
19		362					X	X								X		
20		363					X	X								X		
21		364	X							X				X				
22		365	X						X							X		
23		366						X		X				X				
24		367	X					X								X		
25		368					X			X						X		
26		369	X					X								X		
27		370	X					X						X				
28		371	X					X								X		
29		372	X					X						X				
30		373					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)

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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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0389					X			X						X		
17		0390					X						X			X		
18		0391	X										X			X		
19		0392					X						X			X		
20		0393					X						X			X		
21		0394					X						X			X		
22		0395	X						X							X		
23		0396					X						X			X		
24		0397					X						X			X		
25		0398					X			X						X		
26		0399			X								X			X		
27		0400	X										X			X		
28		0401					X						X			X		
29		0402					X			X						X		
30		0403	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.)

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

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

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Fado	Chesh	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0451	X										X	X				
17		0452					X						X			X		
18		0453						X		X				X				
19		0454						X		X				X				
20		0455				X				X						X		
21		0456					X						X			X		
22		0457					X						X			X		
23		0458				X				X				X				
24		0459					X			X				X				
25		0460					X			X				X				
26		0461					X			X				X				
27		0462			X					X						X		
28		0463			X					X						X		
29		0464	X							X				X				
30		0465	X							X				X				
31		0466					X			X				X				
32		0467					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.)

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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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		0483						X		X				X				
17		0484					X			X				X				
18		0485					X			X				X				
19		0486	X										X			X		
20		0487	X										X	X				
21		0488					X			X				X				
22		0489	X										X			X		
23		0490	X										X	X				
24		0491	X										X	X				
25		0492			X								X	X				
26		0493	X										X	X				
27		0494	X										X	X				
28		0495	X										X			X		
29		0496	X										X			X		
30		0497	X										X	X				
31		0498					X						X	X				
32		0499			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.)

FOIA11-804000856

Page 2

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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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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 preconditions
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0547	✓										✓	✓				
17		0548					✓			✓				✓				
18		0549	✓							✓						✓		
19		0550					✓						✓			✓		
20		0551					✓						✓			✓		
21		0552					✓						✓			✓		
22		0553					✓						✓			✓		
23		0554					✓						✓			✓		
24		0555					✓						✓			✓		
25		0556					✓						✓	✓				
26		0557					✓						✓	✓				
27		0558					✓						✓			✓		
28		0559					✓						✓			✓		
29		0560	✓										✓			✓		
30		0561	✓										✓			✓		
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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 (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0577					X		X					X				
17		0578	X										X			X		
18		0579	X						X					X				
19		0580	X										X	X				
20		0581					X		X							X		
21		0582					X						X			X		
22		0583				X				X				X				
23		0584	X						X					X				
24		0585	X						X					X				
25		0586	X										X			X		
26		0587	X						X					X				
27		0588	X						X					X				
28		0589					X			X						X		
29		0590	X										X			X		
30		0591	X							X				X				
31		0592	X										X			X		
32		0593	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.)

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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

	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	USFA	0609					X			X						X		
17		0610	X										X	X				
18		0611	X										X			X		
19		0612	X										X			X		
20		0613	X										X			X		
21		0614	X										X			X		
22		0615			X					X						X		
23		0616					X			X						X		
24		0617	X							X				X				
25		0618					X			X				X				
26		0619	X										X	X				
27		0620	X										X			X		
28		0621	X										X			X		
29		0622	X										X	X				
30		0623	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.)

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

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

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Gray	Blk.	Palo	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0639	✓						✓					✓				
17		0640	✓						✓							✓		
18		0641			✓					✓						✓		
19		0642			✓					✓						✓		
20		0643	✓						✓					✓				
21		0644					✓			✓						✓		
22		0645	✓										✓			✓		
23		0646			✓								✓			✓		
24		0647				✓				✓						✓		
25		0648				✓				✓						✓		
26		0649						✓		✓						✓		
27		0650	✓										✓			✓		
28		0651	✓										✓			✓		
29		0652	✓										✓			✓		
30	✓	0653	✓										✓			✓		
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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
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	0669	✓										✓	✓				
17		0670			✓								✓			✓		
18		0671	✓										✓			✓		
19		0672			✓								✓	✓				
20		0673						✓		✓						✓		
21		0674						✓		✓						✓		
22		0675	✓								✓					✓		
23		0676	✓							✓				✓				
24		0677	✓							✓				✓				
25		0678					✓			✓						✓		
26		0679	✓										✓			✓		
27		0680	✓										✓			✓		
28		0681	✓							✓						✓		
29		0682					✓			✓				✓				
30	✓	0683	✓										✓			✓		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

Page 1

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FOIA13-804000869

U.S. DEPARTMENT 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 AM

DATE: 3-3-04

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717 865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang Ste Julia-Est

CITY, STATE, ZIP CODE: St. Andre-Avellin, Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0714	✓							✓				✓				
2		0715				✓				✓						✓		
3		0716	✓							✓				✓				
4		0717					✓				✓					✓		
5		0718			✓					✓						✓		
6		0719	✓							✓						✓		
7		0720					✓			✓						✓		
8		0721					✓			✓						✓		
9		0722					✓				✓			✓				
10		0723	✓										✓			✓		
11		0724	✓						✓							✓		
12		0725					✓			✓				✓				
13		0726	✓						✓					✓				
14		0727	✓						✓					✓				
15	↓	0728					✓			✓						✓		

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

FOIA11-804090862 Page 2

G37172

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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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0762	X						X					X				
17		0763	X						X					X				
18		0764	X						X					X				
19		0765	X						X					X				
20		0766	X						X					X				
21		0767	X						X					X				
22		0768	X						X					X				
23		0769	X						X					X				
24		0770					X		X					X				
25		0771					X		X					X				
26		0772					X		X					X				
27		0773					X		X					X				
28		0774					X			X				X				
29		0775					X			X				X				
30	↓	0776					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.)

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Page 1
G 37178

U.S. DEPARTMENT 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, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00 AM

DATE: 3-17-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717 865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0807					X			X				X				
2		0808					X			X						X		
3		0809			X								X			X		
4		0810						X		X						X		
5		0811	X						X					X				
6		0812					X		X					X				
7		0813	X						X					X				
8		0814					X			X						X		
9		0815					X				X			X				Hal Pattes
10		0816	X						X					X				
11		0817	X						X					X				
12		0818					X			X				X				
13		0819				X				X				X				
14		0820	X						X							X		
15		0821				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

FOIA 17-804000864

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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: 2:00 Am

DATE: 3-19-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover Dr.

STREET ADDRESS: 517 Rang Este Julie - Est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre - Avellin Canada

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	0837				X					X					X		
2		0838				X				X				X				
3		0839				X				X				X				
4		0840						X		X				X				
5		0841					X			X				X				
6		0842	X						X					X				
7		0843					X			X				X				
8		0844	X										X			X		
9		0845	X										X			X		
10		0846					X			X				X				
11		0847	X										X	X				
12		0848	X							X						X		
13		0849	X							X						X		
14		0850					X			X						X		
15		0851	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)

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).

(b)(6)

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

BEST COPY AVAILABLE

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 3/26/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

STREET ADDRESS: 44 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717 865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang Ste-Julia est.

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0867	X										X			X		
2		0868					X						X			X		
3		0869			X						X			X				
4		0870	X										X			X		
5		0871	X							X				X				
6		0872	X										X			X		
7		0873					X			X				X				
8		0874	X							X				X				
9		0875	X							X				X				
10		0876	X							X						X		
11		0877			X					X				X				
12		0878					X			X				X				
13		0879					X			X				X				
14		0880	X							X				X				
15		0881	X							X				X				

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

SIGNATURE (b)(6)

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

EST.

DATE

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

TIME

BEST COPY AVAILABLE

FOIA11-804000866

U.S. DEPARTMENT 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: 2 AM

DATE: 4-1-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian J. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang. 8 STE Julie - EST

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin, Canada

AREA CODE & TELEPHONE NO.: 717. 865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFH	0897	X							X						X		
2		0898	X							X						X		
3		0899				X				X				X				
4		0900				X				X						X		
5		0901					X			X						X		
6		0902					X			X				X				
7		0903					X				X					X		
8		0904	X										X			X		
9		0905	X						X							X		
10		0906	X						X							X		
11		0907	X										X			X		
12		0908					X						X			X		
13		0909						X		X				X				
14		0910	X										X			X		
15		0911				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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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EST.

DATE

TIME

(b)(6)

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	✓	1445			X								X	X				
17	✓	1446					X		X							X		
18		1447					X			X				X				
19	✓	1448					X				X					X		
20	✓	1449					X			X				X				
21	✓	1450					X						X	X			mule	
22		1451					X						X	X				
23	✓	1452	X					X					X			X		
24		1453	X						X							X		
25		1454					X			X						X		
26	✓	1455					X			X						X		
27																		
28																		
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 2
6-28-78

FOIA11-8840-00868

U.S. DEPARTMENT OF AGRICULTURE
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~~	~~USA~~	~~1415~~					X			X				X				
17		1416					X			X				X				
18		1417	X										X			X		
19		1418	X										X			X		
20		1419					X			X				X				
21	✓	1420					X			X						X		
22		1421					X			X				X				
23	✓	1422	X										X			X		
24	✓	1423	X										X			X		
25		1424	X										X			X		
26	✓	1425					X			X				X				
27		1426					X			X				X				
28		1427	X										X			X		
29		1428	X										X			X		
30	✓	1429	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)

VS FORM 10-13A
(SEP 2002)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brian S.

2. CERTIFICATE NO: G 29306 (FOIA11-804000869)

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/31/09

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): National Horse 57 Rang St Julien et St Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

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

Moore Brian S.
94 Hoover Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

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

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA0897	12	N	QH				(1)	The animals were inspected within						
0898	14	N	QH					30 days prior to export and found free						
0899	17	F	QH					from evidence of communicable						
0900	20	N	QH					disease and appear healthy						
0901	20	N	QH				(2)	The animals were in the herd of the						
0902	8	F	QH					knowledge and belief of Jonestown						
0903	20	N	PL					have not exposed to any communicable						
0904	20	N	SN					disease within 60 days prior to the						
0905	4	N	TH					date of inspection.						
0906	9	N	TH				(3)	The animals have resided in the US						
0907	4	N	SN					or Canada since birth (or)						
0908	20	N	SN				(4)	The animals have met all of the						
0909	12	F	QH					import requirements of the USA and						
0910	10	N	SN					have resided in the USA for the						
0911	7	F	QH					past 60 days						
0912	3	N	QH				(5)	During the previous 21 days the animal						
0913	3	F	QH					have not been in the state of Florida						
0914	5	N	TH											

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VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 31-MAR 09

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

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

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

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): E D Brown Jr. VMO

25. SIGNATURE OF ISSUING VETERINARIAN: Brown Acc. 1#5001

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

PART 4 - FIELD STATION

1 48063

FOIA 2009-004000370

U.S. DEPARTMENT 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: 1-12-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg PA

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

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang. Ste-Julie est.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada.

AREA CODE & TELEPHONE NO.: 717. 865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0280						✓		✓				✓				
2		0281					✓			✓				✓				
3		0282						✓		✓						✓		
4		0283	✓							✓				✓				
5		0284					✓			✓				✓				
6		0285						✓		✓						✓		
7		0286					✓			✓				✓				
8		0287	✓							✓						✓		
9		0288					✓			✓				✓				
10		0289				✓				✓				✓				
11		0290	✓							✓				✓				
12		0291	✓										✓			✓		
13		0292	✓										✓	✓				
14		0293	✓										✓	✓				
15		0294					✓			✓						✓		

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

SI (b)(6)

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 (b)(6) RE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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

VS FORM 1010

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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

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			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0295	✓							✓						✓		
17		0296	✓							✓						✓		
18		0297	✓							✓						✓		
19		0298					✓			✓						✓		
20		0299	✓							✓				✓				
21		0300	✓										✓			✓		
22		0301	✓										✓			✓		
23		0302	✓										✓			✓		
24		0303					✓			✓						✓		
25		0304	✓						✓							✓		
26		0305					✓			✓						✓		
27		0306	✓										✓			✓		
28		0307					✓			✓				✓				
29		0308				✓				✓				✓				
30		0309			✓					✓						✓		
31		0310	✓											✓		✓		
32		0311	✓											✓		✓		
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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)

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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: 1:00 AM	DATE: 10-14-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St. Andre Avellin
AREA CODE & TELEPHONE NO.: 717-865-9586	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2068					X			X				X				
2		2069	X						X							X		
3		2070				X				X				X				
4		2071	X							X				X				
5		2072					X			X				X				
6		2073						X		X				X				
7		2074			X					X				X				
8		2075						X		X						X		
9		2076				X				X				X				
10		2077			X					X						X		
11		2078					X			X						X		
12		2079	X										X			X		
13		2080	X							X						X		
14		2081	X							X						X		
15	V	2082					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)

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. SOS

DATE 2009/10/14

TIME 12:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. SOS

DATE 2009/10/14

TIME

14 of 6

LOG 1155

FOIA 1180 4000873

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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		2083					X				X					X		
17		2084	X								X					X		
18		2085			X						X			X				
19		2086					X				X					X		
20		2087					X			X				X				
21		2088	X						X							X		
22		2089	X						X							X		
23		2090			X								X			X		
24		2091	X										X			X		
25		2092	X							X				X				
26		2093	X										X	X				
27		2094	X										X	X				
28		2095	X							X						X		
29		2096	X										X	X				
30		2097			X						X			X				
31																		
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Eta SOS
2009/10/14
12:50

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

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

BEST COPY AVAILABLE

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: 1:00 am

DATE: Nov 2

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] 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	USFA	2248	X							X						X		
2		2249	X										X			X		
3		2250	X										X	X				
4		2251	X										X	X				
5		2252	X							X				X				
6		2253					X			X				X				
7		2254					X						X			X		
8		2255	X										X			X		
9		2256					X				X					X		
10		2257	X							X				X				
11		2258	X							X				X				
12		2259	X										X			X		
13		2260	X										X			X		
14		2261	X							X						X		
15		2262					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. #505

DATE Nov. 3th, 2009.

TIME 7:30 AM

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	USFA	2233					X			X						X		
17		2234	X							X				X				
18		2235	X							X				X				
19		2236					X			X				X				
20		2237	X							X				X				
21		2238	X							X				X				
22		2239						X		X						X		
23		2240					X			X						X		
24		2241				X				X				X				
25		2242					X			X				X				One eye
26		2243	X							X				X				
27		2244	X							X				X				
28		2245						X		X						X		One eye
29		2246					X						X	X				
30		2247			X					X				X				
31																		
32																		
33																		
34																		
35																		
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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 (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	USFA	2323					X				X					X		
17		2324					X				X					X		Not Loaded
18		2325	X										X			X		
19		2326	X										X			X		
20		2327	X							X						X		
21		2328	X							X				X				
22		2329					X			X						X		
23		2330	X										X	X				
24		2331					X						X			X		
25		2332	X										X			X		
26		2333	X										X	X				
27		2334	X										X			X		
28		2335			X								X			X		One Eye
29		2336	X						X					X				
30		2337	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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00

DATE: 12/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT INC.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7566

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2668	X						X					X				
2		2669				X				X						X		
3		2670	X						X					X				
4		2671					X			X						X		
5		2672	X							X				X				
6		2673	X							X						X		
7		2674					X			X						X		
8		2675					X						X	X				
9		2676					X			X						X		
10		2677					X			X				X				One Eye
11		2678	X						X					X				
12		2679	X						X					X				
13		2680					X			X						X		
14		2681			X					X						X		
15		2682	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

FOIA 14-0400-078 F2
2060860

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	2683					X			X						X		
17		2684	X										X	X				
18		2685	X										X			X		
19		2686					X			X						X		
20		2687				X				X						X		
21		2688	X							X						X		
22		2689					X			X				X				
23		2690					X				X					X		
24		2691	X										X	X				
25		2692					X			X						X		
26		2693						X		X				X				
27		2694					X			X						X		
28		2695	X						X					X				
29		2696	X							X						X		
30		2697					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)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM
DATE: 11/13
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET:
CONSIGNOR-(OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St. Andre Avellin
AREA CODE & TELEPHONE NO.: 717-865-7596
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2368	X										X			X		
2		2369	X										X			X		
3		2370	X										X	X				
4		2371	X										X	X				
5		2372	X										X			X		
6		2373	X										X			X		
7		2374	X										X	X				
8		2375	X										X			X		
9		2376	X										X			X		
10		2377	X										X			X		
11		2378					X			X						X		
12		2379					X			X						X		
13		2380					X		X							X		
14		2381	X										X			X		
15		2382					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. 505
DATE 13-11-2009
TIME 12h50

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	ISFA	2383					X			X				X				
17		2384			X					X						X		
18		2385					X			X						X		
19		2386					X		X							X		
20		2387	X										X	X				
21		2388	X										X	X				
22		2389						X		X						X		
23		2390					X			X						X		
24		2391					X			X				X				
25		2392	X							X				X				
26		2393					X			X						X		
27		2394	X							X						X		
28		2395			X					X				X				
29		2396	X							X				X				
30		2397			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.

FOIA11-804000881

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 11-18-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI CAnada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	15FA	2398				X				X				X				
2		2399	X							X				X				
3		2400			X								X			X		
4		2401	X						X					X				
5		2402					X			X						X		
6		2403	X										X	X				
7		2404					X			X				X				
8		2405					X				X					X		
9		2406				X				X				X				
10		2407						X		X						X		
11		2408	X										X			X		
12		2409	X						X					X				
13		2410	X						X					X				
14		2411	X						X					X				
15		2412	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)

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. 505

DATE 18-11-2009

TIME 15h30

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	USA	2413	X										X			X		
17		2414	X							X				X				
18		2415	X						X					X				
19		2416	X						X							X		
20		2417			X				X							X		
21		2418					X		X							X		
22		2419	X						X					X				
23		2420					X		X					X				
24		2421						X		X						X		
25		2422	X						X					X				
26		2423			X					X				X				
27		2424	X							X				X				
28		2425				X				X				X				
29		2426	X							X				X				
30		2427					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)

2060959

FOIA11-804000883

U.S. DEPARTMENT 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: 1:00 Am

DATE: 11/23/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2458	X										X			X		
2		2459					X			X						X		
3		2460			X					X						X		
4		2461				X				X				X				
5		2462						X		X				X				
6		2463						X		X				X				
7		2464					X			X				X				
8		2465				X				X				X				
9		2466					X		X							X		
10		2467	X							X				X				
11		2468					X						X	X				
12		2469					X			X				X				
13		2470					X			X				X				
14		2471					X				X					X		
15		2472			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. 505

DATE 23-11-2009

TIME 12:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USA	2473	X										X	X				
17		2474	X										X	X				
18		2475			X						X					X		
19		2476	X							X				X				
20		2477					X			X				X				
21		2478	X						X					X				
22		2479					X			X				X				
23		2480	X										X			X		
24		2481					X						X			X		
25		2482	X										X			X		
26		2483					X			X						X		
27		2484	X										X			X		
28		2485	X							X						X		
29		2486					X			X				X				
30		2487					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)

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FOIA11-804090885

U.S. DEPARTMENT 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: 1:00 Am

DATE: 11-05

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Range St. Suite est.

CITY, STATE, ZIP CODE: Jonestown PA

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-665-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2488	X						X							X		
~~2~~		~~2489~~					X		X							X		
3		2490				X				X						X		
4		2491	X						X					X				
5		2492					X		X					X				
6		2493					X			X				X				
7		2494					X			X						X		
8		2495	X							X				X				
9		2496					X			X				X				
10		2497					X			X				X				
11		2498				X				X				X				
12		2499	X										X			X		
~~13~~		~~2500~~						X		X				X				
~~14~~		~~2501~~					X			X				X				
15		2502					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

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Page 2 of 2
16-0863

FOIA11-804000886

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	VSF4	2503	X										X			X		
17		2504	X										X			X		
18		2505	X										X			X		
19		2506	X										X			X		
20		2507	X										X	X				
21		2508					X						X			X		
22		2509			X								X	X				
23		2510	X										X			X		
24		2511					X			X				X				
25		2512					X			X				X				
26		~~2513~~					X				X					X		
27		2514	X										X			X		
28		2515					X		X					X				
29		2516	X										X			X		
30		2517					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)

VS FORM 10-13A
(SEP 2002)

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FOIA11-804000887

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

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

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 11/30

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: (b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-965-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: St. Andre - Avellin

AREA CODE & TELEPHONE NO.:

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] 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	USA	2548				X				X				X				
2		2549					X			X						X		
3		2550	X							X						X	Deformation face	
4		2551				X				X						X		
5		2552	X							X				X				
6		2553	X							X				X				
7		2554					X			X						X		
8		2555	X							X				X				
9		2556				X				X						X		
10		2557				X				X				X				
11		2558					X			X						X		
12		2559				X				X				X				
13		2560				X				X						X		
14		2561				X				X				X			MAR6 artrite joint	
15		2562				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. 505

DATE 30-11-2009

TIME 12h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

BEST COPY AVAILABLE

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	2563				X				X						X		
17		2564						X		X				X				
18		2565				X				X				X				
19		2566	X							X						X		
20		2567	X						X							X		
21		2568	X						X					X				
22		2569	X						X							X		
23		2570	X						X							X		
24		2571					X		X							X	laceration MAD	
25		2572	X						X					X				
26		2573	X							X				X				
27		2574	X										X	X				
28		2575	X										X			X		
29		2576	X										X			X		
30		2577	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)

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FOIA11-804000889 037198

U.S. DEPARTMENT 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 Am

DATE: 4-5-08

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang. Ste Julie-est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin, Canada

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.:

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [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	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0951					X			X						X		
2		0952	X										X			X		
3		0953					X		X							X		
4		0954					X			X						X		
5		0955	X							X						X		
8		0956				X				X				X				
7		0957				X				X				X				
6		0958					X		X					X				
9		0959	X										X			X		
10		0960						X		X						X		
11		0961	X							X				X				
12		0962	X										X			X		
13		0963	X										X			X		
14		0964	X										X	X				
15	V	0965	X										X			X		

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

SIGNATUR

(b)(6)

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

EST.

DATE

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

TIME

(b)(6)

The certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brian S.

2. CERTIFICATE NO.: FOIA11-804000890 G 29306

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/30/09

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): National Meat 57 Hwy 31 Julia et St Andre Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

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

MODIFIED ACCREDITED AREA (TB)

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

CERTIFIED BRUCELLOSIS FREE AREA

Owner's name / street address / city, state, zip	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S.	USFA 0897	12	N	QH								
94 Hoover Dr.	0898	14	N	QH								
Jonestown PA 17038	0899	17	F	QH								
	0900	20	N	QH								
	0901	20	N	QH								
	0902	6	F	QH								
	0903	20	N	BL								
	0904	20	N	SN								
	0905	4	N	TH								
	0906	9	N	TH								
	0907	4	N	SN								
	0908	20	N	SN								
	0909	12	F	QH								
	0910	10	N	SN								
	0911	7	F	QH								
	0912	3	N	QH								
	0913	3	F	QH								
	0914	5	N	TH								

(1) The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.

(2) The animals were in the herd of the Knowledge and belief of James Hall not exposed to any communicable disease within 60 days preceding the date of inspection.

(3) The animals have resided in the USA or Canada since birth (or)

(4) The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

(5) During the previous 21 days the animals have not been in the state of Florida.

BEST COPY AVAILABLE

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian: [signature]

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 31 MAR 09

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

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

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

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F D BROWN JR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] Accredited Vet #5001

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

PART 4 - FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

CA11804000891

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 am

DATE: 10-21-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2158					X			X						X		
2		2159						X		X						X		
3		2160					X			X						X		1 Bad Eye
4		2161	X							X				X				
5		2162	X							X						X		
6		2163					X				X					X		
7		2164			X						X					X		
8		2165	X							X				X				
9		2166					X				X			X				
10		2167						X		X				X				
11		2168	X							X				X				
12		2169	X							X						X		
13		2170				X				X				X				
14		2171	X						X					X				
15		2172						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)

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00

DATE: 1-15-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	VSFA	2878					X				X					X		
2	✓	2879					X				X					X		
3		2880					X				X					X		
4	✓	2881	X						X							X		
5	✓	2882						X		X				X				
6	✓	2883	X						X					X				
7	✓	2884					X			X						X		
8	✓	2885	X						X							X		
9	✓	2886					X		X					X				
10	✓	2887					X		X							X		
11	✓	2888					X		X						X			one eye
12	✓	2889	X										X			X		
13		2890	X										X	X				
14	✓	2891	X										X			X		
15	✓	2892	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. 505

DATE 15-01-2010

TIME 13:35

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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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1100
DATE: 1-15-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 517 Rang St. Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2878					X				X					X		
2	✓	2879					X				X					X		
3		2880					X				X					X		
4	✓	2881	X						X							X		
5	✓	2882						X		X				X				
6	✓	2883	X						X					X				
7	✓	2884					X			X						X		
8	✓	2885	X						X							X		
9	✓	2886					X		X					X				
10	✓	2887					X		X							X		
11	✓	2888					X		X						X			One eye
12	✓	2889	X										X			X		
13		2890	X										X	X				
14	✓	2891	X										X			X		
15	✓	2892	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. 505
DATE 15-01-2010
TIME 13:35

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

Previous editions are obsolete

FOIA11-804000 6 1196

U.S. DEPARTMENT 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: 1:00

DATE: 1-15-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
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	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	USFA	2878					X				X					X		
2	✓	2879					X				X					X		
3		2880					X				X					X		
4	✓	2881	X						X							X		
5	✓	2882						X		X				X				
6	✓	2883	X						X					X				
7	✓	2884					X			X						X		
8	✓	2885	X						X							X		
9	✓	2886					X		X					X				
10	✓	2887					X		X							X		
11	✓	2888					X		X						X			one eye
12	✓	2889	X										X			X		
13		2890	X										X	X				
14	✓	2891	X										X			X		
15	✓	2892	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. 505

DATE 15-01-2010

TIME 13:35 ALGDV

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

BEST COPY AVAILABLE

U.S. DEPARTMENT 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: 1:00 Am

DATE: 11/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVel Canada Export Inc.

STREET ADDRESS: 94 Hover Drive

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St André Avellin

AREA CODE & TELEPHONE NO.: 717-865-7596

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2338			X					X				X				
2		2339			X					X						X		
3		2340			X					X				X				
4		2341						X		X				X				
5		2342	X							X				X				
6		2343					X			X						X		
7		2344	X							X						X		
8		2345	X						X					X				
9		2346	X						X							X		
10		2347					X			X						X		
11		2348					X		X					X				
12		2349					X			X				X				
13		2350					X			X						X		
14		2351						X					X			X		
15		2352	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. #505

DATE November 12th 2009

TIME 7:45 Am

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Page 1 of 2
200000293

U.S. DEPARTMENT 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.

FOIA11-804000896

FORM APPROVED OMB NO. 0579-0160

ME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: Nov 6

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

ONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

REET ADDRESS: 94 Hoover Drive

TY, STATE, ZIP CODE: Jonestown PA 17038

EA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

ECK THE BOX THAT INDICATES THE 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		
1354	7308					X						X			X		
	7309	X										X			X		
	7310					X				X			X				
	7311			X						X			X				
	7312					X			X						X		
	7313	X										X			X		
	7314	X										X	X				
	7315	X										X			X		
	7316	X										X	X				
	7317					X						X	X				
	7318	X										X			X		
	7319	X										X			X		
	7320	X										X	X				
	7321	X										X	X				
	7322					X				X					X		Fat Leg

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

NATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

BEST COPY AVAILABLE

FOIA11-804000897 0611170

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 11/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: AVel Canada Export Inc.

STREET ADDRESS: 94 Hover Drive

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St André Avellin

AREA CODE & TELEPHONE NO.: 717-865-7596

AREA CODE & TELEPHONE NO.:

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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	USA	2338			X					X				X				
2		2339			X					X						X		
3		2340			X					X				X				
4		2341						X		X				X				
5		2342	X							X				X				
6		2343					X			X						X		
7		2344	X							X						X		
8		2345	X						X					X				
9		2346	X						X							X		
10		2347					X			X						X		
11		2348					X		X					X				
12		2349					X			X				X				
13		2350					X			X						X		
14		2351						X					X			X		
15		2352	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. #505

DATE November 12th 2009

TIME 7:45 Am

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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 400 AM

DATE: 10-16-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT INC

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2098	X										X	X				
2		2099	X						X							X		
3		2100	X						X					X				
4		2101	X						X							X		
5		2102					X		X							X		
6		2103	X						X							X		
7		2104	X						X							X		
8		2105					X		X					X				
9		2106					X			X				X				
10		2107	X							X				X				
11		2108					X		X					X				
12		2109	X						X							X		
13		2110	X						X							X		
14		2111	X						X					X				
15		2112	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)

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

.LCC 11558

U.S. DEPARTMENT 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: 1:00 AM	DATE: 10-14-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT INC.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St. Andre Avellin
AREA CODE & TELEPHONE NO.: 717-865-9586	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2068					X			X				X				
2		2069	X						X							X		
3		2070				X				X				X				
4		2071	X							X				X				
5		2072					X			X				X				
6		2073						X		X				X				
7		2074			X					X				X				
8		2075						X		X						X		
9		2076				X				X				X				
10		2077			X					X						X		
11		2078					X			X						X		
12		2079	X										X			X		
13		2080	X							X						X		
14		2081	X							X						X		
15	V	2082					X			X						X		

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

SIGI (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. SOS

DATE 2009/10/14

TIME 12:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. SOS

DATE 2009/10/14

TIME

BEST COPY AVAILABLE

FOIA11-804000900 159

U.S. DEPARTMENT 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 AM

DATE: 10-16-04

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2098	X										X	X				
2		2099	X						X							X		
3		2100	X						X					X				
4		2101	X						X							X		
5		2102					X		X							X		
6		2103	X						X							X		
7		2104	X						X							X		
8		2105					X		X					X				
9		2106					X			X				X				
10		2107	X							X				X				
11		2108					X		X					X				
12		2109	X						X							X		
13		2110	X						X							X		
14		2111	X						X					X				
15		2112	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

U.S. DEPARTMENT 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: 1:00 AM
DATE: 10-5-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Rang St Julie est.
CITY, STATE, ZIP CODE: St Andre Avellin
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1978	X										X			X		
2		1979					X			X						X		
3		1980	X						X					X				
4		1981	X						X					X				
5		1982					X						X	X				
6		1983	X						X					X				
7		1984	X										X	X				
8		1985	X										X			X		
9		1986	X						X					X				
10		1987	X						X							X		
11		1988	X										X			X		
12		1989					X						X			X		
13		1990					X			X				X				
14		1991	X							X				X				
15		1993	X							X				X				

Light Dele. Permittent

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.)

3/1/11 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 2009/10/05
TIME 15:30

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

Page 1
2060855

FOIA11-804000902

U.S. DEPARTMENT 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: 1:00AM

DATE: 10-9-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Caire Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2038					X			X				X				
2		2039	X						X					X				
3		2040	X							X				X				
4		2041	X							X				X				
5		2042					X			X						X		
6		2043					X			X				X				
7		2044				X				X				X				
8		2045				X				X				X				
9		2046					X			X						X		
10		2047					X			X				X				
11		2048	X							X						X		
12		2049					X			X						X		
13		2050					X		X					X				
14		2051					X			X						X		
15		2052					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)

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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. 505

DATE 2009/10/09

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

page 1 of 2
I 48/66

FOIA11-804000903

U.S. DEPARTMENT 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: 1:00 AM

DATE: 10-5-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1978	X										X			X		
		1979					X			X						X		
3		1980	X						X					X				
4		1981	X						X					X				
5		1982					X						X	X				
6		1983	X						X					X				
7		1984	X										X	X				
8		1985	X										X			X		
9		1986	X						X					X				
10		1987	X						X							X		
11		1988	X										X			X		
12		1989					X						X			X		
13		1990					X			X				X				
14		1991	X							X				X				
15		1993	X							X				X				

right side. permittement

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

SIGNATU (b)(6)

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

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

3/11/15

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2009/10/05

TIME 15:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 12/16

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

STREET ADDRESS: 94 Hoover Dr.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie E St.

CITY, STATE, ZIP CODE: Sainte-Adrien - Canada

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	✓	2698					X			X						X		
2	✓	2699				X				X						X		
3	✓	2700	X							X						X		
4	✓	2701	X							X						X		
5	✓	2702						X		X						X		
6	✓	2703					X			X						X		
7	✓	2704			X						X			X				
8	✓	2705			X						X			X				
9		2706	X										X			X		
10	✓	2707					X			X				X				
11	✓	2708					X			X				X				
12	✓	2709	X							X				X				
13	✓	2710					X				X			X				
14	✓	2711						X		X				X				
15	✓	2712						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)

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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

FOIA11-804000905

U.S. DEPARTMENT 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 AM

DATE: Dec 9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Suite est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2638	X						X					X				
2		2639	X						X					X				
3		2640	X						X							X		
4		2641					X			X				X				
5		2642	X										X			X		
6		2643	X						X					X				
7		2644					X		X							X		
8		2645					X			X						X		
9		2646					X		X							X		
10		2647	X							X				X				
11		2648	X							X				X				
12		2649	X							X						X		
13		2650					X			X				X				
14		2651					X			X						X		
15		2652						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. Oap #505

DATE December, 10th, 2009

TIME 8:45 Am

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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FORM APPROVED OMB NO. 0579-0160

(1)

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 12/16

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Dr.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St Andre - Avellin - Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	✓	2698					X			X						X		
2	✓	2699				X				X						X		
3	✓	2700	X							X						X		
4	✓	2701	X							X						X		
5	✓	2702						X		X						X		
6	✓	2703					X			X						X		
7	✓	2704			X						X			X				
8	✓	2705			X						X			X				
9		2706	X										X			X		
10	✓	2707					X			X				X				
11	✓	2708					X			X				X				
12	✓	2709	X							X				X				
13	✓	2710					X				X			X				
14	✓	2711						X		X				X				
15	✓	2712						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)

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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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00AM

DATE: 12/4

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7596

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2608					X				X			X				
2		2609			X						X			X				
3		2610					X				X			X				
4		2611					X			X				X				
5		2612			X					X						X		
6		2613					X		X					X				
7		2614	X							X						X		
8		2615					X						X			X		
9		2616	X								X			X				
10		2617					X				X					X		
11		2618					X				X					X		Big BACK Foot leg
12		2619					X				X					X		
13		2620					X				X					X		
14		2621			X						X					X		
15		2622					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. SOS

DATE 4-12-2009

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

LC6.0906

U.S. DEPARTMENT 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: 1:00 Am

DATE: 12/2/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVCI Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [ ] 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	VSFA	2578				X				X						X		
2		2579	X										X			X		
3		2580					X			X						X		
4		2581					X			X						X		
5		2582						X					X			X		
6		2583						X		X				X				
7		2584	X						X							X		
8		2585					X		X							X		
9		2586					X				X					X		
10		2587	X						X							X		
11		2588	X										X			X		
12		2589	X										X			X		
13		2590					X			X				X				
14		2591					X			X				X				
15		2592	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

(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: 1:00AM
DATE: 12/4
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7596

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: St. Andre Avellin
AREA CODE & TELEPHONE NO.:

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
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- [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	USFA	2608					X				X			X				
2		2609			X						X			X				
3		2610					X				X			X				
4		2611					X			X				X				
5		2612			X					X						X		
6		2613					X		X					X				
7		2614	X							X						X		
8		2615					X						X			X		
9		2616	X								X			X				
10		2617					X				X					X		
11		2618					X				X					X		Big BACK Foot leg
12		2619					X				X					X		
13		2620					X				X					X		
14		2621			X						X					X		
15		2622					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. 505
DATE 4-12-2009
TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 A.M

DATE: 12-7-08

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg PA

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

NAME OF AUCTION/MARKET: Lebanon Valley Livestock market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Les Cats De. Boiteau - Natural meat

STREET ADDRESS: 90 Hoover DR.

STREET ADDRESS: 517 Rang Ste-Julia est St. Andre Avellin

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: Quebec Canda

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0091				X				X				X				
2	USFA	0092	X										X			X		
3	USFA	0093			X								X	X				
4	USFA	0094	X										X			X		
5	USFA	0095	X										X	X				
6	USFA	0096			X								X	X				
7	USFA	0097			X								X			X		
8	USFA	0098			X								X			X		
9	USFA	0099			X								X			X		
10	USFA	0100			X								X	X				
11	USFA	0101					X						X	X				
12	USFA	0102				X				X				X				
13	USFA	0103	X							X				X				
14	USFA	0104					X			X				X				
15	USFA	0105	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)

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).

(b)(6)

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

U.S. DEPARTMENT 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 A.M

DATE: 12-7-08

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg PA

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

NAME OF AUCTION/MARKET: Lebanon Valley Livestock market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Les Cats De Boileau - Natural meat

STREET ADDRESS: 90 Hoover DR.

STREET ADDRESS: 517 Rang Ste-Julia est St. Andre Avellin

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: Quebec Canda

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0091				X				X				X				
2	USFA	0092	X										X			X		
3	USFA	0093			X								X	X				
4	USFA	0094	X										X			X		
5	USFA	0095	X										X	X				
6	USFA	0096			X								X	X				
7	USFA	0097			X								X			X		
8	USFA	0098			X								X			X		
9	USFA	0099			X								X			X		
10	USFA	0100			X								X	X				
11	USFA	0101					X						X	X				
12	USFA	0102				X				X				X				
13	USFA	0103	X							X				X				
14	USFA	0104					X			X				X				
15	USFA	0105	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 (b)(6)

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 O (b)(6) RE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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

VS FORM 10-13

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	4955					X						X			X		
17		4956	X										X			X		
18		4957	X										X			X		
19		4958	X						X					X				
20		4959					X						X			X		
21		4960	X										X			X		
22		4961					X			X						X		
23		4962	X						X					X				
24		4963	X						X					X				
25		4964	X						X							X		
26		4965					X				X					X		
27		4966					X						X	X				
28		4967					X			X						X		
29		4968	X										X			X		
30		4969					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 (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USEZ	6156	X						X					X				
17		6157					X			X				X				
18		6158	X										X			X		
19		6159					X			X						X		
20		6160				X							X	X				
21		6161	X							X						X		
22		6162						X					X			X		
23		6163						X					X	X				
24		6164					X			X						X		
25		6165					X				X			X				
26		6166						X			X			X				
27		6167					X			X				X				
28		6168	X										X			X		
29		6169			X						X				X			
30		6170	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.)

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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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FMA1-804000914

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: 1.5.10

CHECK THE BOX THAT INDICATES THE 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	VSFA	2818	X						X					X				
2		2819					X			X						X		
3		2820	X						X					X				
4		2821	X							X				X				
5		2822						X		X						X		
6		2823	X							X				X				
7		2824	X							X						X		
8		2825					X			X						X		
9		2826	X							X				X				
10		2827	X							X						X		
11		2828			X					X				X				
12		2829						X		X						X		
13		2830						X		X				X				
14		2831						X		X						X		
15		2832	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)

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

2061191

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

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

(Please type or print in ink)

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

FOIA11-804000915

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	USFA	2833	X		\					X				X				
17		2834	X							X						X		
18		2835	X							X				X				
19		2836						X		X				X				
20		2837						X		X				X				
21		2838	X							X				X				
22		2839	X						X					X				
23		2840	X										X			X		
24		2841	X							X				X				
25		2842	X							X				X				
26		2843				X				X						X		
27		2844			X					X						X		
28		2845	X							X				X				
29		2846	X							X				X				
30		2847	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)

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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)

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

FMAT 804000916

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7566

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 1.5.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal.	Geld		
1	USFA	2788	X							X				X				
2		2789	X						X					X				
3		2790	X						X					X				
4		2791	X						X					X				
5		2792	X						X					X				
6		2793					X		X					X				
7		2794	X						X					X				
8		2795	X							X				X				
9		2796	X							X				X				
10		2797	X										X			X		
11		2798	X						X					X				
12		2799	X						X					X				
13		2800	X						X					X				
14		2801	X						X							X		
15		2802	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)

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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

206 1189

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

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

(Please type or print in ink)

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

FOIA11-804000917

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	USFA	2803	X						X					X				
17		2804					X			X				X				
18		2805	X						X							X		
19		2806	X										X	X				
20		2807	X										X	X				
21		2808	X										X			X		
22		2809	X							X						X		
23		2810	X							X						X		
24		2811	X							X						X		
25		2812	X										X	X				
26		2813	X						X							X		
27		2814	X							X						X		
28		2815	X							X				X				
29		2816						X		X				X				
30		2817	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)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA 11-804000918

FORM APPROVED OMB NO. 0579-0160

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

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVel Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: St Andre Avellin
AREA CODE & TELEPHONE NO.: 1.12.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2848					X			X				X				
2		2849	X							X						X		
3		2850	X							X						X		
4		2851					X				X					X		
5		2852					X						X			X		
6		2853	X							X				X				
7		2854			X						X					X		
8		2855	X							X						X		
9		2856				X				X						X		
10		2857					X			X				X				
11		2858					X			X				X				
12		2859					X			X				X				
13		2860					X			X				X				
14		2861	X										X			X		
15		2862					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 (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

2060882

FOIA11-804000919

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	2863					X			X						X		
17		2864						X		X				X				
18		2865	X						X					X				
19		2866	X						X							X		
20		2867						X		X						X		
21		2868					X			X				X				
22		2869				X				X				X				
23		2870				X				X						X		
24		2871	X							X				X				
25		2872					X			X						X		
26		2873			X					X						X		
27		2874					X			X						X		
28		2875	X							X				X				
29		2876					X			X				X				
30		2877						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)

1 106 1196

U.S. DEPARTMENT 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 1-804000820 FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

1.14.10

CHECK THE BOX THAT INDICATES THE 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	USFA	2878					X				X					X		
2		2879					X				X					X		
3		2880					X				X					X		
4		2881	X						X							X		
5		2882						X		X				X				
6		2883	X						X					X				
7		2884					X			X						X		
8		2885	X						X							X		
9		2886					X		X					X				
10		2887					X		X							X		
11		2888					X		X						X			
12		2889	X										X			X		
13		2890	X										X	X				
14		2891	X										X			X		
15		2892	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

2061196

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

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

(Please type or print in ink)

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

FOIA11-804000921

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		2893					X						X	X				
17		2894			X								X			X		
18		2895						X		X						X		
19		2896					X						X			X		
20		2897					X						X			X		
21		2898					X						X			X		
22		2899	X						X							X		
23		2900	X						X							X		
24		2901						X		X						X		
25		2902					X			X				X				
26		2903					X			X						X		
27		2904						X		X						X		
28		2905					X						X			X		
29		2906					X						X			X		
30		2907					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)

VS FORM 10-13A
(SEP 2002)

20607890

U.S. DEPARTMENT 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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FOIA 11-804000922

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin CANada

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.: —

1.19.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						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	USFA	2908	X						X							X		
2		2909					X		X					X				
3		2910	X						X					X				
4		2911						X		X						X		
5		2912					X			X				X				
6		2913					X			X				X				
7		2914	X							X				X				
8		2915						X		X						X		
9		2916						X		X						X		
10		2917						X		X						X		
11		2918					X			X				X				
12		2919				X				X				X				
13		2920				X				X				X				
14		2921				X				X				X				
15		2922						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)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2953	X							X				X				
17		2954	X										X			X		
18		2955	X										X			X		
19		2956	X										X			X		
20		2957	X										X			X		
21		2958	X										X	X				
22		2959					X			X				X				
23		2960	X						X							X		
24		2961	X							X				X				
25		2962					X			X						X		
26		2963	X						X							X		
27		2964	X										X	X				
28		2965					X		X							X		
29		2966						X		X						X		
30		2967	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 1-804000924
FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Johnstown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Johnstown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Rang St, Julie est
CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.:

1.19.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2938					X						X			X		
2		2939					X			X				X				
3		2940				X				X				X				
4		2941						X		X				X				
5		2942				X		X		X				X				
6		2943	X										X			X		
7		2944					X				X			X				
8		2945					X						X			X		
9		2946	X							X				X				
10		2947					X			X				X				
11		2948	X										X			X		
12		2949	X										X	X				
13		2950	X							X				X				
14		2951	X							X				X				
15	✓	2952					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

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

2062880

FOIA11-804000925

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	2923					X			X						X		
17		2924	X							X						X		
18		2925	X							X						X		
19		2926					X			X						X		
20		2927				X				X				X				
21		2928				X				X				X				
22		2929	X							X				X				
23		2930					X		X							X		
24		2931					X		X							X		
25		2932				X				X						X		
26		2933					X			X						X		
27		2934					X			X				X				
28		2935	X										X	X				
29		2936						X		X						X		
30		2937	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)

VS FORM 10-13A
(SEP 2002)

L060884

U.S. DEPARTMENT 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.

804000926

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Rang St, Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: —

1-26-10

CHECK THE BOX THAT INDICATES THE 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	USFA	2968					X		X					X				
2		2969	X						X							X		
3		2970	X						X					X				
4		2971	X						X					X				
5		2972	X						X							X		
6		2973					X			X						X		
7		2974	X							X						X		
8		2975					X			X						X		
9		2976						X		X				X				
10		2977					X			X						X		
11		2978	X							X						X		
12		2979	X							X				X				
13		2980	X							X				X				
14		2981	X							X				X				
15		2982						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)

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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

Record
L0600894
FOIA11-804000027

U.S. DEPARTMENT OF AGRICULTURE
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	USFA	2983	X							X						X		
17		2984					X		X							X		
18		2985	X						X					X				
19		2986	X						X					X				
20		2987	X						X					X				
21		2988	X						X					X				
22		2989	X							X						X		
23		2990					X		X					X				
24		2991					X			X				X				
25		2992	X							X						X		
26		2993	X						X					X				
27		2994	X						X					X				
28		2995					X				X			X				
29		2996	X										X	X				
30		2997					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)

2060886

U.S. DEPARTMENT 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.

5041 -804000928
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 517 Rang St, Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586
AREA CODE & TELEPHONE NO.:

1-26-10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2998					X						X	X				
2		2999					X						X			X		
3		3000	X										X			X		
4		3001						X		X				X				
5		3002					X			X						X		
6		3003	X										X	X				
7		3004					X			X				X				
8		3005	X										X			X		
9		3006	X										X	X				
10		3007	X										X	X				
11		3008			X								X	X				
12		3009				X				X				X				
13		3010	X										X			X		
14		3011					X			X						X		
15		3012	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 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

2060886

FOIA11-804000929

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3013	X							X				X				
17		3014	X							X						X		
18		3015			X					X				X				
19		3016	X							X				X				
20		3017					X			X						X		
21		3018					X				X					X		
22		3019					X				X					X		
23		3020					X				X			X				
24		3021					X				X			X				
25		3022	X										X			X		
26		3023						X			X			X				
27		3024						X		X				X				
28		3025				X				X						X		
29		3026					X			X				X				
30		3027	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)

VS FORM 10-13A
(SEP 2002)

2060889

U.S. DEPARTMENT 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: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7596

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT INC.

STREET ADDRESS: 517 Rang St Julie est,

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.

22.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3058	X										X			X		
2		3059	X										X	X				
3		3060					X			X						X		
4		3061	X										X	X				
5		3062	X										X	X				
6		3063					X						X			X		
7		3064	X										X			X		
8		3065			X					X				X				
9		3066	X										X			X		
10		3067	X										X			X		
11		3068	X										X	X				
12		3069	X										X	X				
13		3070					X						X	X				
14		3071					X						X			X		
15		3072			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)

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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

	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	USFA	3073	X										X	X				
17		3074					X						X	X				
18		3075					X				X					X		
19		3076					X				X					X		
20		3077			X						X					X		
21		3078					X				X					X		
22		3079	X							X						X		
23		3080					X			X						X		
24		3081					X			X						X		
25		3082	X							X						X		
26		3083				X				X						X		
27		3084					X				X			X				
28		3085					X			X						X		
29		3086				X				X				X				
30		3087	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)

Page 10 of 10
20060890

U.S. DEPARTMENT 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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RCAA1804000932

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-2586

AREA CODE & TELEPHONE NO.

2.2.10

CHECK THE BOX THAT INDICATES THE 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	USFA	3028	X						X					X				
2		3029					X			X						X		
3		3030					X				X			X				
4		3031	X										X			X		
5		3032						X		X				X				
6		3033				X				X				X				
7		3034	X										X			X		
8		3035	X										X			X		
9		3036	X										X	X				
10		3037				X				X						X		
11		3038	X										X			X		
12		3039	X										X	X				
13		3040				X				X						X		
14		3041	X										X	X				
15		3042	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)

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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

1 4 2 2 0 1 0

4060890

FOIA16-804000933

U.S. DEPARTMENT OF AGRICULTURE
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	USFA	3043	X										X			X		
17		3044	X										X			X		
18		3045			X								X			X		
19		3046	X										X	X				
20		3047	X										X			X		
21		3048	X										X			X		
22		3049	X										X	X				
23		3050	X										X			X		
24		3051	X						X					X				
25		3052	X										X	X				
26		3053	X										X	X				
27		3054				X				X						X		
28		3055	X							X						X		
29		3056	X										X			X		
30		3057	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)

2061368

U.S. DEPARTMENT 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: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julia est.
CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.:

2.16.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3118					X			X						X		
2		3119					X		X							X		
3		3120	X							X				X				
4		3121	X						X							X		
5		3122	X							X				X				
6		3123	X							X						X		
7		3124				X				X				X				
8		3125	X						X							X		
9		3126	X										X	X				
10		3127				X				X						X		
11		3128					X						X			X		
12		3129					X			X				X				
13		3130	X							X				X				
14		3131	X										X			X		
15		3132	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

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126136[illegible]

FOIA 10-304000935

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3133	X						X					X				
17		3134					X				X			X				
18		3135	X										X			X		
19		3136					X			X						X		
20		3137	X						X							X		
21		3138					X						X			X		
22		3139	X										X			X		
23		3140						X		X				X				
24		3141	X						X							X		
25		3142					X			X				X				
26		3143	X										X			X		
27		3144					X			X						X		
28		3145	X								X					X		
29		3146					X			X				X				
30		3147	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.)

(b)(6)

2061376

U.S. DEPARTMENT 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 1-804000936
FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin CANada

AREA CODE & TELEPHONE NO.

2-23-10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3178			X						X					X		
2		3179						X		X				X				
3		3180				X				X						X		
4		3181				X				X						X		
5		3182	X							X						X		
6		3183	X							X						X		
7		3184					X			X						X		
8		3185					X			X				X				
9		3186	X							X				X				
10		3187	X						X					X				
11		3188	X						X					X				
12		3189	X						X					X				
13		3190					X				X			X				
14		3191					X				X			X				
15		3192					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)

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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3193				X				X				X				
17		3194	X							X					X			
18		3195				X				X						X		
19		3196	X						X					X				
20		3197	X						X							X		
21		3198	X						X							X		
22		3199					X		X					X				
23		3200	X						X					X				
24		3201					X		X					X				
25		3202	X						X					X				
26		3203	X						X					X				
27		3204	X						X					X				
28		3205	X							X				X				
29		3206	X							X				X				
30		3207					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)

L061359

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7580

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.

2.23.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	3148					X		X							X		
2		3149					X			X						X		
3		3150	X							X				X				
4		3151	X							X				X				
5		3152					X			X				X				
6		3153				X				X				X				
7		3154	X										X			X		
8		3155					X			X				X				
9		3156	X							X				X				
10		3157					X						X	X				
11		3158			X					X				X				
12		3159					X			X				X				
13		3160	X										X	X				
14		3161	X										X	X				
15		3162	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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(b)(6) 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

L061350

FOIA11-804000939

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3163					X			X						X		
17		3164	X										X	X				
18		3165	X										X			X		
19		3166					X			X						X		
20		3167					X			X						X		
21		3168	X							X				X				
22		3169	X										X			X		
23		3170	X										X	X				
24		3171					X			X				X				
25		3172					X						X	X				
26		3173				X				X				X				
27		3174	X										X	X				
28		3175					X						X			X		
29		3176	X							X						X		
30		3177					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)

2061381

U.S. DEPARTMENT 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 -804000940
FORM APPROVED
OMB NO. 0579-0160

163

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang st. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17030

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

2.25.10

CHECK THE BOX THAT INDICATES THE 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	USFA	3208	X							X				X				
2		3209					X						X	X				
3		3210					X				X					X		
4		3211						X		X				X				
5		3212					X						X			X		
6		3213				X				X						X		
7		3214	X										X	X				
8		3215	X										X			X		
9		3216					X		X							X		
10		3217	X										X	X				
11		3218						X		X						X		
12		3219					X			X				X				
13		3220				X				X				X				
14		3221					X				X			X				
15		3222	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 4 - 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	VSFA	3223	X										X	X				
17		3224	X										X	X				
18		3225	X										X	X				
19		3226	X										X			X		
20		3227	X										X			X		
21		3228	X										X	X				
22		3229	X										X	X				
23		3230	X										X			X		
24		3231	X										X			X		
25		3232	X						X							X		
26		3233	X						X							X		
27		3234					X		X							X		
28		3235	X						X							X		
29		3236	X						X					X				
30		3237	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)

206158

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

OWNER/SHIPPER CERTIFICATE
S TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

CFIA-1804000942

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 3.2.2010

CHECK THE BOX THAT INDICATES THE 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	USFA	3238						X		X				X				
2		3239	X							X						X		
3		3240	X						X							X		
4		3241					X			X				X				
5		3242					X			X				X				
6		3243					X			X						X		
7		3244	X						X							X		
8		3245	X										X	X				
9		3246	X						X					X				
10		3247	X						X					X				
11		3248	X							X				X				
12		3249	X						X							X		
13		3250	X						X					X				
14		3251	X							X				X				
15		3252					X				X					X		

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

SIGI (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

	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	USFA	3253					X				X					X		
17		3254					X			X				X				
18		3255					X			X						X		
19		3256	X										X			X		
20		3257	X										X			X		
21		3258					X			X				X				
22		3259						X		X						X		
23		3260	X										X			X		
24		3261					X			X				X				
25		3262				X				X				X				
26		3263					X				X					X		
27		3264					X			X				X				
28		3265	X										X			X		
29		3266					X			X				X				
30		3267	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.

FOIA11804000944

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Sonestown PA 17030

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 3.5.10

CHECK THE BOX THAT INDICATES THE 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	USFA	3268	X						X					X				
2		3269	X						X					X				
3		3270				X				X				X				
4		3271	X							X				X				
5		3272	X							X						X		
6		3273	X						X					X				
7		3274				X				X				X				
8		3275					X			X				X				
9		3276	X							X						X		
10		3277					X			X				X				
11		3278					X			X				X				
12		3279			X						X			X				
13		3280					X			X				X				
14		3281						X		X						X		
15		3282				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

page out of

FOIA11-0640069A5 1061383

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3283					X		X					X				
17		3284					X		X					X				
18		3285	X						X							X		
19		3286	X						X					X				
20		3287	X						X					X				
21		3288	X						X					X				
22		3289	X						X					X				
23		3290					X				X					X		
24		3291	X							X				X				
25		3292	X							X						X		
26		3293	X										X			X		
27		3294					X			X						X		
28		3295					X			X				X				
29		3296					X			X						X		
30		3297	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)

VS FORM 10-13A
(SEP 2002)

L060885

U.S. DEPARTMENT 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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FSIS-Art 1-804000946

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc,

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Suite est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin 3.9.10

AREA CODE & TELEPHONE NO.: 717-865-7596

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3298	X										X	X				
2		3299	X										X	X				
3		3300	X										X	X				
4		3301	X										X	X				
5		3302	X										X	X				
6		3303	X										X	X				
7		3304				X				X						X		
8		3305	X										X	X				
9		3306	X										X	X				
10		3307	X										X	X				
11		3308	X										X	X				
12		3309	X										X	X				
13		3310	X										X	X				
14		3311	X										X	X				
15		3312	X										X					

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

SIGNAT (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

2060885

FOIA11-804000947

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3313	X										X	X				
17		3314	X										X	X				
18		3315	X							X					X			
19		3316	X										X	X				
20		3317			X								X			X		
21		3318	X							X				X				
22		3319	X							X						X		
23		3320	X										X			X		
24		3321	X										X			X		
25		3322	X							X						X		
26		3323					X			X				X				
27		3324					X			X				X				
28		3325	X							X				X				
29		3326	X										X			X		
30		3327					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)

1 2061384

U.S. DEPARTMENT 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: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc

STREET ADDRESS: 517 Rang St Julie est

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.

3.9.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3328	X							X				X				
2		3329						X					X	X				
3		3330						X					X			X		
4		3331					X			X				X				
5		3332					X			X						X		
6		3333					X				X					X		
7		3334	X							X				X				
8		3335				X				X				X				
9		3336				X				X				X				
10		3337	X						X							X		
11		3338					X		X					X				
12		3339	X						X					X				
13		3340					X		X					X				
14		3341					X				X			X				
15		3342	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 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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	3343					X			X				X				
17		3344	X							X						X		
18		3345					X		X							X		
19		3346					X			X				X				
20		3347					X			X						X		
21		3348					X			X						X		
22		3349	X										X			X		
23		3350					X						X			X		
24		3351	X										X			X		
25		3352					X				X					X		
26		3353	X										X			X		
27		3354	X										X			X		
28		3355	X							X				X				
29		3356					X				X			X				
30		3357					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.

LPAI: 1804000950
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Gavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julien est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin QC

AREA CODE & TELEPHONE NO.: 717-865-7596

AREA CODE & TELEPHONE NO.: —

3.16.10

CHECK THE BOX THAT INDICATES THE 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	USFA	3358	X						X						X			
2		3359	X						X						X			
3		3360	X						X					X				
4		3361					X		X							X		
5		3362					X			X						X		
6		3363	X							X						X		
7		3364	X							X				X				
8		3365					X			X						X		
9		3366	X										X			X		
10		3367	X							X				X				
11		3368				X				X						X		
12		3369					X			X				X				
13		3370					X			X				X				
14		3371	X										X			X		
15		3372					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

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3373	X							X				X				
17		3374	X										X	X				
18		3375					X			X						X		
19		3376						X					X			X		
20		3377					X			X				X				
21		3378	X							X						X		
22		3379	X										X			X		
23		3380					X			X				X				
24		3381					X				X			X				
25		3382					X		X					X				
26		3383					X		X							X		
27		3384	X						X					X				
28		3385						X		X				X				
29		3386	X										X	X				
30		3387						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)

VS FORM 10-13A
(SEP 2002)

029767

U.S. DEPARTMENT 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.

ESTA 11-804000952
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.

3.23.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3448				X				X						X		
2		3449	X										X	X				
3		3450						X					X			X		
4		3451						X		X				X				
5		3452						X		X				X				
6		3453					X		X					X				
7		3454					X			X				X				
8		3455	X						X							X		
9		3456						X		X						X		
10		3457	X						X					X				
11		3458	X						X							X		
12		3459	X							X					X			
13		3460						X		X					X			
14		3461	X										X	X				
15		3462					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 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

629767
FOIA11-804000953

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3463	X										X			X		
17		3464	X										X			X		
18		3465	X						X					X				
19		3466					X		X							X		
20		3467					X		X					X				
21		3468					X			X						X		
22		3469	X						X							X		
23		3470	X										X	X				
24		3471					X			X						X		
25		3472	X										X	X				
26		3473	X										X	X				
27		3474	X										X			X		
28		3475	X										X	X				
29		3476	X										X	X				
30		3477	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)

2061396

U.S. DEPARTMENT 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 11-804000954

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Jolie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.

3.23.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3418					X			X				X				
2		3419	X							X						X		
3		3420						X		X				X				
4		3421						X		X						X		
5		3422	X							X						X		
6		3423	X							X						X		
7		3424					X		X					X				
8		3425				X				X				X				
9		3426				X				X				X				
10		3427					X			X						X		
11		3428	X										X			X		
12		3429					X			X				X				
13		3430				X				X				X				
14		3431	X							X						X		
15		3432	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

	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	USFA	3433	X										X			X		
17		3434	X						X							X		
18		3435	X							X						X		
19		3436	X						X					X				
20		3437					X			X						X		
21		3438					X			X						X		
22		3439	X						X					X				
23		3440					X			X				X				
24		3441	X										X			X		
25		3442					X		X							X		
26		3443					X			X				X				
27		3444	X							X				X				
28		3445					X				X			X				
29		3446					X				X				X			
30		3447	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)

'2061394

U.S. DEPARTMENT 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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FOM 11-804000956
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julie est,
CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.:

3. 23.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3388					X		X					X				
2		3389	X							X						X		
3		3390			X					X				X				
4		3391	X							X				X				
5		3392	X										X	X				
6		3393	X										X	X				
7		3394	X						X					X				
8		3395					X			X				X				
9		3396	X										X			X		
10		3397	X										X			X		
11		3398	X						X					X				
12		3399	X										X			X		
13		3400				X				X				X				
14		3401	X										X			X		
15		3402	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

PART 4 - INSPECTOR

2061394

FOIA11-804000957

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3403						X		X						X		
17		3404					X		X							X		
18		3405	X										X			X		
19		3406					X		X					X				
20		3407					X			X				X				
21		3408					X			X				X				
22		3409					X			X				X				
23		3410	X						X							X		
24		3411	X										X			X		
25		3412					X			X				X				
26		3413						X		X						X		
27		3414					X			X				X				
28		3415	X						X					X				
29		3416					X			X					X			
30		3417			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)

VS FORM 10-13A
(SEP 2002)

Page 1 of 2
629759

U.S. DEPARTMENT 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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EDA11-804000958
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: —
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAvel CANada Export Inc.
STREET ADDRESS: 914 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin CANada
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.: 3.30.10

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	USFA	3478	X						X						X			
2		3479	X										X	X				
3		3480			X					X				X				
4		3481					X			X				X				
5		3482	X										X			X		
6		3483	X										X	X				
7		3484					X			X						X		
8		3485	X							X						X		
9		3486	X										X			X		
10		3487						X		X				X				
11		3488					X			X				X				
12		3489					X			X				X				
13		3490	X										X			X		
14		3491	X										X			X		
15		3492	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

page 2 of 2
629759
FOIA11-804000959

U.S. DEPARTMENT OF AGRICULTURE
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	USFA	3493					X			X						X		
17		3494	X							X					X			
18		3495	X							X						X		
19		3496					X			X				X				
20		3497					X			X				X				
21		3498	X							X				X				
22		3499	X							X				X				
23		3500					X			X						X		
24		3501				X				X				X				
25		3502	X										X			X		
26		3503	X										X			X		
27		3504				X				X				X				
28		3505	X										X			X		
29		3506					X				X					X	Lymphoid Gos	BAD one Eye
30		3507	X										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)

VS FORM 10-13A
(SEP 2002)

Page 10 of 2
629760

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

EGAN11-804000960

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie. est

CITY, STATE, ZIP CODE: Jonestown PA 17036

CITY, STATE, ZIP CODE: St Andre Avelin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.

3.30.10

CHECK THE BOX THAT INDICATES THE 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	USFA	3509	X							X				X				
2		3510	X					X					X	X				
3		3511	X							X				X				
4		3512					X			X				X				
5		3513					X				X					X		
6		3514	X										X	X				
7		3515	X						X					X				
8		3516	X										X			X		
9		3517	X										X			X		
10		3518					X				X			X				
11		3519					X				X					X		
12		3520	X						X							X		
13		3521	X							X				X				
14		3522					X			X				X				
15		3523					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

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	USA	3524					X			X						X		
17		3525	X							X						X		
18		3526	X							X			X			X		
19		3527	X										X			X		
20		3528					X			X						X		
21		3529	X							X				X				
22		3530	X							X				X				
23		3531					X			X						X		
24		3532					X			X				X				
25		3533	X						X							X		
26		3534					X			X						X		
27		3535					X			X						X		
28		3536	X							X						X		
29		3537					X			X						X		
30		3538	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 10 of 2
629766

FOIA11-804000062

U.S. DEPARTMENT 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: Jonestown PA.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel CANada Export Inc

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin 4.6.10

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3539				X				X						X		
2		3540	X							X				X				
3		3541					X			X						X		
4		3542	X							X					X			
5		3543	X						X					X				
6		3544					X				X			X				
7		3545						X		X						X		
8		3546					X			X				X				
9		3547	X						X					X				
10		3548	X						X					X				
11		3549					X			X				X				
12		3550	X										X	X				
13		3551	X										X	X				
14		3552					X			X				X				
15		3553	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

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3554	X										X	X				
17		3555				X				X						X		
18		3556						X		X					X			
19		3557	X							X				X				
20		3558				X				X						X		
21		3559					X				X					X		
22		3560	X										X			X		
23		3561						X		X						X		
24		3562				X				X				X				
25		3563	X							X				X				
26		3564						X		X						X		
27		3565					X				X					X		
28		3566	X							X				X				
29		3567					X		X							X		
30		3568	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

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: —

4.6.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3569	X						X						X			
2		3570	X						X						X			
3		3571					X			X				X				
4		3572					X			X				X				
5		3573	X							X				X				
6		3574					X			X				X				
7		3575	X						X							X		
8		3576	X										X			X		
9		3577					X			X						X		
10		3578					X		X					X				
11		3579	X							X						X		
12		3580	X							X				X				
13		3581	X						X					X				
14		3582	X										X			X		
15		3583					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)

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

G29768

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3584					X		X					X				
17		3585					X		X					X				
18		3586				X				X						X		
19		3587	X						X							X		
20		3588	X						X							X		
21		3589					X			X						X		
22		3590	X						X							X		
23		3591				X				X				X				
24		3592	X							X				X				
25		3593					X			X				X				
26		3594	X										X	X				
27		3595	X						X							X		
28		3596					X				X			X				
29		3597	X						X					X				
30		3598					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)

FOIA11-804000960 6 29770

U.S. DEPARTMENT 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: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-2586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel CANada Export Inc

STREET ADDRESS: 517 Rang St Julia est

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.:

4.13.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3629	X							X				X				
2		3630				X				X				X				
3		3631						X		X				X				
4		3632	X							X				X				
5		3633	X							X				X				
6		3634	X							X						X		
7		3635					X			X						X		
8		3636	X							X				X				
9		3637	X						X							X		
10		3638	X						X					X				
11		3639	X						X					X				
12		3640	X						X					X				
13		3641	X						X							X		
14		3642					X			X				X				
15		3643					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

U.S. DEPARTMENT OF AGRICULTURE
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	VSFA	3644	X										X			X		
17		3645						X		X				X				
18		3646						X			X					X		
19		3647					X						X			X		
20		3648					X						X			X		
21		3649						X		X				X				
22		3650				X				X						X		
23		3651					X						X			X		
24		3652	X										X	X				
25		3653	X										X			X		
26		3654	X										X			X		
27		3655	X										X			X		
28		3656					X						X	X				
29		3657						X		X				X				
30		3658	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)

6 29769

U.S. DEPARTMENT 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 -804000968
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7596

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel CANada Export Inc
STREET ADDRESS: 517 Rang St. Julie est,
CITY, STATE, ZIP CODE: St Andre Avellin
AREA CODE & TELEPHONE NO.:

4.13.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3599	X						X						X			
2		3600	X							X				X				
3		3601						X		X				X				
4		3602						X		X				X				
5		3603	X						X					X				
6		3604	X						X					X				
7		3605					X		X					X				
8		3606	X						X					X				
9		3607					X			X						X		
10		3608	X						X							X		
11		3609	X						X							X		
12		3610	X						X					X				
13		3611	X						X					X				
14		3612	X						X					X				
15		3613					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 (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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	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			X						X		
28		3626	X							X						X		
29		3627					X			X						X		
30		3628					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.)

(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.

FOIA11-804000970

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAvel CAnada Export Inc.

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.:

4.20.10

CHECK THE BOX THAT INDICATES THE 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	USFA	3659					X			X				X				
2		3660						X		X				X				
3		3661	X										X			X		
4		3662	X						X					X				
5		3663					X			X				X				
6		3664					X			X						X		
7		3665					X			X						X		
8		3666					X			X				X				
9		3667					X			X				X				
10		3668					X			X				X				
11		3669					X			X				X				
12		3670					X			X				X				
13		3671				X				X						X		
14		3672					X			X						X		
15		3673					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

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3704	X						X							X		
17		3705					X			X						X		
18		3706	X							X				X				
19		3707	X										X	X				
20		3708	X							X				X				
21		3709	X							X				X				
22		3710	X							X				X				
23		3711						X		X				X				
24		3712	X							X						X		
25		3713	X										X			X		
26		3714	X							X				X				
27		3715	X							X				X				
28		3716	X							X				X				
29		3717					X			X						X		
30		3718	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)

2061373

U.S. DEPARTMENT 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.

FOIA 11-804000972

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Rang St. Julie est,

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

4.20.10

CHECK THE BOX THAT INDICATES THE 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	USFA	3689					X			X						X		
2		3690					X			X						X		
3		3691					X			X				X				
4		3692						X		X						X		
5		3693					X			X				X				
6		3694	X						X					X				
7		3695	X						X					X				
8		3696	X						X					X				
9		3697	X						X					X				
10		3698	X						X					X				
11		3699	X						X					X				
12		3700	X							X				X				
13		3701	X						X					X				
14		3702	X							X						X		
15		3703	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)

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

FOIA11-804000973

2061374

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	VSFA	3674	X							X				X				
17		3675	X										X	X				
18		3677					X				X					X		
19		3678					X				X					X		
20		3679					X			X				X				
21		3680	X							X				X				
22		3681					X			X						X		
23		3682	X										X			X		
24		3683	X							X						X		
25		3684					X			X				X				
26		3685					X			X				X				
27		3686					X			X				X				
28		3687					X			X				X				
29		3688	X							X						X		
30		3689	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)

2061392

U.S. DEPARTMENT 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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FOIA11-804000974

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.

4.23.10

CHECK THE BOX THAT INDICATES THE 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	USFA	3719			X								X			X		
2		3720					X			X				X				
3		3721				X				X				X				
4		3722				X				X				X				
5		3723					X			X				X				One Bedeye
6		3724					X			X						X		
7		3725						X		X						X		
8		3726					X			X						X		
9		3727	X							X						X		
10		3728					X			X						X		
11		3729					X			X				X				
12		3730				X				X				X				
13		3731					X			X				X				
14		3732					X		X					X				
15		3733						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)

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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

	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	USA	3734					X			X						X		
17		3735			X					X				X				
18		3736						X					X	X				
19		3737					X			X						X		
20		3738				X				X						X		
21		3739					X						X			X		
22																		
23																		
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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)

2061398

FOIA11-804000976

U.S. DEPARTMENT 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: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Juva est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.

4.27.10

CHECK THE BOX THAT INDICATES THE 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	USA	3800					X			X				X				
2		3801	X							X				X				
3		3802					X			X				X				
4		3803					X		X					X				
5		3804	X						X					X				
6		3805					X		X					X				
7		3806	X						X					X				
8		3807	X						X					X				
9		3808	X							X				X				
10		3809					X			X						X		
11		3810					X			X				X				
12		3811	X							X						X		
13		3812	X							X				X				
14		3813						X		X				X				
15		3814					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)

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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

	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	USFA	3815	X										X			X		
17		3816					X						X			X		
18		3817	X										X			X		
19		3818	X										X			X		
20		3819	X										X			X		
21		3820					X			X				X				
22		3821	X						X					X				
23		3822					X			X						X		
24		3823					X			X				X				
25		3824					X			X				X				
26		3825	X										X	X				
27		3826	X							X						X		
28		3827					X			X				X				
29		3828				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

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Sulia est.

CITY, STATE, ZIP CODE: Jonestown PA 17039

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

4.27.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	3740					X			X					X			
2		3741					X			X				X				
3		3742	X						X					X				
4		3743	X						X					X				
5		3744	X						X					X				
6		3745	X						X					X				
7		3746	X						X					X				
8		3747						X		X				X				
9		3748				X				X						X		
10		3749					X			X				X				
11		3750			X					X				X				
12		3751				X				X				X				
13		3752					X			X				X				
14		3753				X				X						X		
15		3754				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 (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3755					X			X						X		
17		3756	X							X				X				
18		3757	X										X	X				
19		3758	X							X				X				
20		3759					X			X				X				
21		3760					X			X						X		
22		3761					X						X			X		
23		3762	X							X						X		
24		3763					X				X					X		
25		3764	X										X	X				
26		3765	X										X			X		
27		3766	X							X				X				
28		3767					X				X			X				
29		3768	X							X				X				
30		3769					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)

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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:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel CANADA Export Inc.

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 4.27.10

CHECK THE BOX THAT INDICATES THE 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	USFA	3770	X										X			X		
2		3771	X										X			X		
3		3772	X										X	X				
4		3773					X				X					X		
5		3774	X							X				X				
6		3775	X										X	X				
7		3776	X										X			X		
8		3777					X						X			X		
9		3778	X										X			X		
10		3779					X				X					X		
11		3780	X										X			X		
12		3781						X		X						X		
13		3782	X										X	X				
14		3783	X										X	X				
15		3784					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)

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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

	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	USFA	3785					X			X				X				
17		3786	X							X						X		
18		3787					X			X						X		
19		3788	X						X					X				
20		3789	X						X					X				
21		3790	X						X					X				
22		3791	X						X					X				
23		3792	X						X					X				
24		3793	X						X					X				
25		3794					X		X					X				
26		3795	X										X			X		
27		3796	X										X			X		
28		3797	X										X	X				
29		3798	X							X						X		
30		3799	X							X						X		
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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 | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: St. Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 5.4.10

CHECK THE BOX THAT INDICATES THE 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	USFA	3860				X				X						X		
2		3861						X			X			X				
3		3862					X			X				X				
4		3863						X		X				X				
5		3864					X				X			X				
6		3865					X			X				X				
7		3866	X										X	X				
8		3867					X			X						X		
9		3868	X						X							X		
10		3869					X		X					X				
11		3870						X		X				X				
12		3871	X										X			X		
13		3872						X		X				X				
14		3873						X		X				X				
15		3874	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

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USFA	3875	X						X					X				
17		3876				X				X				X				
18		3877					X		X					X				
19		3878	X						X							X		
20		3879	X						X							X		
21		3880	X										X	X				
22		3881	X							X						X		
23		3882				X				X				X				
24		3883					X			X				X				
25		3884	X										X	X				
26		3885						X		X				X				
27		3886					X			X						X		
28		3887	X						X					X				
29		3888	X							X				X				
30		3889	X										X	X				
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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:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin 5.4.10

AREA CODE & TELEPHONE NO.:

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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	USFA	3830					X				X			X				
2		3831					X				X			X				
3		3832	X										X			X		
4		3833	X										X			X		
5		3834	X										X			X		
6		3835	X										X	X				
7		3836	X										X			X		
8		3837	X										X	X				
9		3838					X						X	X				
10		3839	X										X	X				
11		3840				X				X				X				
12		3841	X										X	X				
13		3842					X		X							X		
14		3843	X										X	X				
15		3844	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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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	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3845	X										X	X				
17		3846	X										X			X		
18		3847					X						X			X		
19		3848	X										X			X		
20		3849	X										X			X		
21		3850	X										X			X		
22		3851	X										X			X		
23		3852	X										X	X				
24		3853					X			X				X				
25		3854	X						X					X				
26		3855	X							X						X		
27		3856						X		X						X		
28		3857	X							X				X				
29		3858				X				X				X				
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export. Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin 5.11.10

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3920					X			X				X				
2		3921						X		X				X				
3		3922				X				X				X				
4		3923	X							X				X				
5		3924	X							X						X		
6		3925					X			X				X				
7		3926					X		X							X		
8		3927					X			X						X		
9		3928	X										X	X				
10		3929	X										X			X		
11		3930	X										X	X				
12		3931	X										X	X				
13		3932	X										X			X		
14		3933	X							X				X				
15		3934	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

	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	USFA	3935	X							X						X		
17		3936	X							X						X		
18		3937					X			X				X				
19		3938					X			X						X		
20		3939					X			X				X				
21		3940					X			X				X				
22		3941					X			X						X		
23		3942	X										X			X		
24		3943	X										X			X		
25		3944	X										X	X				
26		3945					X			X				X				
27		3946				X				X				X				
28		3947	X							X				X				
29		3948				X				X				X				
30		3949				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)

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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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FOIA11-304000988

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 74 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7580

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export, Inc.
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: St. Andre Avellin
AREA CODE & TELEPHONE NO.:

5.11.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3890				X				X				X				
2		3891	X						X							X		
3		3892	X						X					X				
4		3893	X							X				X				
5		3894	X							X						X		
6		3895					X			X						X		
7		3896			X					X				X				
8		3897	X							X						X		
9		3898					X			X						X		
10		3899					X						X			X		
11		3900	X						X					X				
12		3901	X						X							X		
13		3902	X						X							X		
14		3903	X							X					X			
15		3904	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)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

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

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

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

(Please type or print in ink)

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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	VSFA	3905						X		X				X				
17		3906	X							X				X				
18		3907				X				X				X				
19		3908					X			X				X				
20		3909					X			X				X				
21		3910					X			X				X				
22		3911					X						X			X		
23		3912						X		X				X				
24		3913					X			X				X				
25		3914					X			X				X				
26		3915						X		X						X		
27		3916					X			X				X				
28		3917					X			X				X				
29		3918				X				X						X		
30		3919	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)

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FOIA11-804000990

U.S. DEPARTMENT 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: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Ariel Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: St Andre Avellin Outaouais 5.18.10
AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	3950					X			X						X		
2		3951						X		X				X				
3		3952	X						X					X				
4		3953					X			X				X				
5		3954					X			X						X		
6		3955	X							X						X		
7		3956	X							X						X		
8		3957	X							X						X		
9		3958					X			X						X		
10		3959				X				X						X		
11		3960	X						X							X		
12		3961	X						X							X		
13		3962					X			X						X		
14		3963	X							X				X				
15		3964						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 (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

	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	USFA	3965					X			X				X				
17		3966					X				X					X		
18		3967					X		X							X		
19		3968			X					X				X				
20		3969			X					X				X				
21		3970					X			X				X				
22		3971					X			X				X				
23		3972					X			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		3979	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 1 G 2977

FOIA1-804000992

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.

5.25.10

CHECK THE BOX THAT INDICATES 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.

NOT A FOIA DELETION

		DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		BLK.		Pinto	Chestn	Other		TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	[redacted] 3980				X				X						X		
2	USFA 3981			X					X						X		
3	3982	X							X				X				
4	3983	X							X				X				
5	3984				X				X				X				
6	3985	X						X							X		
7	3986				X				X						X		
8	3987				X				X				X				
9	3988				X				X				X				
10	3989	X							X				X				
11	3990	X										X	X				
12	3991	X										X	X				
13	3992				X				X				X				
14	3993				X				X				X				
15	3994	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

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

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USA	3995	X										X			X		
17		3996					X		X							X		
18		3997	X										X			X		
19		3998	X										X			X		
20		3999	X							X				X				
21		4000	X							X				X				
22		4001	X						X							X		
23		4002				X				X				X				
24		4003	X							X						X		
25		4004				X				X				X				
26		4005	X										X	X				
27		4006					X				X			X				
28		4007	X										X			X		
29		4008	X										X			X		
30		4009	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.)

page 1 L061393

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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FOIA 11-804000994

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIPCODE: St André-Avellin, Canada

AREA CODE & TELEPHONE NO.: —

5.28.15

CHECK THE BOX THAT INDICATES THE 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	USFA	4040				X				X						X		
2		4041	X							X				X				
3		4042				X				X				X				
4		4043				X				X				X				
5		4044	X							X				X				
6		4045					X			X				X				
7		4046	X							X				X				
8		4047			X								X			X		
9		4048			X					X				X				
10		4049						X		X				X				
11		4050					X		X					X				
12		4051	X						X							X		
13		4052	X						X					X				
14		4053	X							X						X		
15		4054	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

VS FORM 10-13 (AUG 2004) 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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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4055	X						X					X				
17		4056	X							X						X		
18		4057	X							X				X				
19		4058	X										X			X		
20		4059	X						X					X				
21		4060				X				X				X				
22		4061	X										X			X		
23		4062					X			X				X				
24		4063					X		X					X				
25		4064	X						X					X				
26		4065	X						X					X				
27		4066					X		X					X				
28		4067	X						X					X				
29		4068	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.)

(b)(6)

FOIA11-804000996

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Dr.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: St. Andre - Avellin Canada

AREA CODE & TELEPHONE NO.:

5.25.10

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.

	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	USFA	4010	X							X						X		
2		4011					X			X				X				
3		4012	X						X					X				
4		4013	X						X					X				
5		4014	X						X					X				
6		4015						X		X				X				
7		4016	X						X					X				
8		4017	X						X					X				
9		4018	X										X	X				
10		4019	X						X					X				
11		4020						X		X						X		
12		4021					X			X				X				
13		4022	X					X						X				
14		4023	X						X							X		
15		4024	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

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4025	X						X							X		
17		4026					X				X			X				
18		4027	X										X	X				
19		4028	X						X					X				
20		4029	X						X							X		
21		4030	X						X					X				
22		4031					X		X							X		
23		4032	X						X					X				
24		4033	X										X			X		
25		4034					X			X				X				
26		4035					X		X					X				
27		4036	X							X				X				
28		4037					X						X			X		
29		4038	X										X			X		
30		4039					X				X					X		
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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:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Quebec Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

6-01-10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4070					X				X					X		
2		4071					X						X	X				
3		4072	X										X	X				
4		4073					X						X			X		
5		4074	X										X			X		
6		4075	X										X	X				
7		4076						X		X						X		
8		4077	X										X	X				
9		4078	X										X			X		
10		4079	X										X	X				
11		4080			X								X			X		
12		4081	X										X			X		
13		4082	X										X			X		
14		4083			X								X			X		
15		4084	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)

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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	VSFA	4085	X										X			X		
17		4086	X										X			X		
18		4087	X										X			X		
19		4088	X										X			X		
20		4089	X							X				X				
21		4090	X							X				X				
22		4091			X								X			X		
23		4092	X							X				X				
24		4093						X		X						X		
25		4094	X										X	X				
26		4095	X										X	X				
27		4096					X				X			X				
28		4097			X								X			X		
29		4098	X										X	X				
30		4099					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)

629 798

FOIA11-804001000

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

OWNER/SHIPPER CERTIFICATE
ITNESS 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: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

6.21.10

CHECK THE BOX THAT INDICATES THE 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	USFA	4100	X							X				X				
2		4101					X			X				X				
3		4102	X							X				X				
4		4103	X							X				X				
5		4104	X							X				X				
6		4105	X							X				X				
7		4106						X		X				X				
8		4107				X				X				X				
9		4108				X				X				X				
10		4109	X						X							X		
11		4110					X			X				X				
12		4111					X			X				X				
13		4112					X			X				X				
14		4113					X			X						X		
15		4114						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

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	4115					X			X						X		
17		4116						X		X						X		
18		4117					X			X						X		
19		4118	X										X	X				
20		4119				X				X				X				
21		4120						X		X				X				
22		4121				X				X				X				
23		4122						X		X				X				
24		4123					X			X				X				
25		4124						X		X				X				
26		4125					X				X			X				
27		4126	X										X			X		
28		4127				X				X						X		
29		4128	X						X					X				
30		4129	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)

FOIA11-804001002 629787

U.S. DEPARTMENT 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: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7566

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc
STREET ADDRESS: 517 Rang St, Julie est,
CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.:

6.3.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4130					X			X				X				
2		4131				X				X						X		
3		4132					X			X				X				
4		4133	X										X			X		
5		4134					X				X					X		
6		4135	X										X			X		
7		4136					X			X						X		
8		4137	X										X	X				
9		4138			X								X	X				
10		4139				X				X				X				
11		4140	X							X						X		
12		4141	X										X	X				
13		4142	X							X				X				
14		4143					X		X							X		
15		4144						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)

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(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	USFA	4145			X					X						X		
17		4146	X										X	X				
18		4147				X				X				X				
19		4148			X					X						X		
20		4149					X			X						X		
21		4150						X		X						X		
22		4151	X										X			X		
23		4152	X						X					X				
24		4153	X						X					X				
25		4154	X						X					X				
26		4155	X										X	X				
27		4156	X						X					X				
28		4157			X				X							X		
29		4158						X		X						X		
30		4159					X			X				X				
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