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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: J 3359

3. PAGE NO. 2 OF 1

4. DATE ISSUED: ~~2-11~~ 2-11-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIOR INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFI 6041	120	F	QH	BAY STAR SNIP										
usfi 6050														
USFI 6042	120	N	FT	BLACK										
USFI 6043	144	N	QH	BAY STAR										
USFI 6044	24	N	QH	SOR BLAZE LF,LR,RF SOCKS RR ANKLES										
USFI 6045	120	F	QH	PAL STAR STRIP SNIP lr,rr socks										
USFI 6046	24	F	QH	SOR BLAZE										
USFI 6047	24	F	QH	BAY LR,RF ANKLES RR SOCK BRAND 949										
USFI 6048	120	F	QH	BLACK STAR LR SOC CORNET SCAR RIGHT REAR LEG										
USFI 5049	48	N	PN	BLACK WHITE LF,LR,RF,RR SOCSKS										
USFI 6050	36	N	QH	BAY STAR LR CORNEST										
USFI 6051	48	N	QH	SOR STAR SNIP STRIPE RF ANKLE RR SOCK										
USFI 6052	240	F	AP	SOR WHITE ROAN FACE										
USFI 6053	60	F	QH	SOR FAINT STAR										
USFI 6054	48	M	PN	SOR SHITEWHITE BRAND										
USFI 6055	160	N	QH	BAY										
USFI 6056	120	F	QH	BAY										
USFI 6057	180	N	TH	BAY STAR SNIP STRIP LR,RR SOCSKS LIP										
USFI 6058	144	N	QH	BALACK FAINT STAR										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above ware 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 quarentine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 11, 2010

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

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 4 - FIELD STATION

Privacy Act Statement: While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024789

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-16-11

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN	A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E ✓	F DATE	G ✓	H DATE	I VAC	J 1/25	K 1/50	L 1/100	M DATE	N DATE	O DATE
BAUER, FRED E.	USGC5961	120	F	QH BLACK NO OTHER MARKINGS											
1849 MARION HARDIN RD.	USGC5962	120	F	QH CHESTNUT BALD RF SOCK											
LA RUE, OH 43332	USGC5963	36	N	PAINT CHESTNUT WHITE STAR STRIP SNIP											
	USGC5964	180	F	AP BAY ROAN STAR											
	USGC5965	120	F	APAINT BAY WHITE											
	USGC5966	72	F	QH CHESTNUT STAR											
	USGC5967	84	N	PAINT CHESTNUT WHITE BALD											
	USGC5968	240	F	SN BAY STAR STRIP RR ANKLE LIP?											
	USGC5969	108	N	QH PALOMINO BLAZE											
	USGC5970	84	F	QH BAY STAR STRIP SNIP RR ANKLE											
	USGC5971	60	F	TH BAY LIP?											
	USGC5972	120	N	QH BLACK LR CORNET RR CORNET											
	USGC5973	120	F	QH CHESTNUT BLAZE LR SOCK RF SOCK RR SOCK											
	USGC5974	180	N	SN BAY STAR LIP?											
	USGC5975	60	F	SN GRAY NO OTHER MARKINGS											
	USGC5976	72	M	AP BLACK WHITE											
	USGC5977	180	N	SN BAY STAR SNIP LR CORNET											
	USGC5978	60	N	SN BAY STAR SNIP RR SOCK											
	USGC5979	72	F	TH CHESTNUT STARF LIP?											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: MAR 17 2011

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

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140: L024789

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

17. NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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

ID NO. OR DESCRIPTION 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
USGC5980	156	N	SN	BAY STAR LR ANKLE RR CORNET BRAND YW551										
USGC5981	180	N	AP	CHESTNUT WHITE BLAZE										
USGC5982	240	N	SN	BLACK STAR LR ANKLE LIP?										
USGC5983	180	N	SN	BAY NO OTHER MARKINGS										
USGC5984	96	N	HA	FLINGER CHESTNUT BLAZE										
USGC5985	276	F	OH	CHESTNUT STAR STRIP SNIP										
USGC5986	36	N	OH	BLUE ROAN STAR STRIP SNIP										
USGC5987	120	N	TH	BLACK STAR RR ANKLE LIP?										
USGC5806	144	N	SN	BAY LR ANKLE LIP?										
USGC5794	96	F	TH	BAY RR CORNET LIP?										
USGC5761	168	N	SN	BAY STAR LR ANKLE RR ANKLE LIP?										

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

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

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740499 3995

AREA CODE & TELEPHONE NO.: 450 788 2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	5961			✓					✓				✓				
2		5962					✓			✓				✓				
3		5963				CHESTN WHT							PAINT			✓		
4		5964						BAY ROAN					APP	✓				
5		5965				BAY WHT							PAINT	✓				
6		5966					✓			✓				✓				
7		5967				CHESTN WHT							PAINT			✓		
8		5968	✓										STD	✓			LIP—	
9		5969						PAL		✓						✓		
10		5970	✓							✓				✓				
11		5971	✓						✓					✓			LIP—	
12		5972			✓					✓						✓		
13		5973					✓			✓				✓				
14		5974	✓										STD			✓	LIP—	
15		5975		✓									STD	✓				

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

(b) (6)

SIGNATU[redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0242830

3. PAGE NO. 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code (A)	ID NO. OR DESCRIPTION (A)	AGE (B)	SEX (C)	BREED (D)	✔ (E)	DATE (F)	✔ (G)	DATE (H)	VAC (I)	1/25 (J)	1/50 (K)	1/100 (L)	DATE (M)	DATE (N)	DATE (O)
BAUER, FRED E.	USGC1599	144	F	SN	BAY	NO OTHER MARKINGS									
1849 MARION HARDIN RD.	USGC1600	60	F	BL	CHESTNUT	STAR STRIP SNIP							RR CORNET		
LA RUE, OH 43332	USGC1601	180	F	PE	GRAY	NO OTHER MARKINGS									
	USGC1602	144	M	SN	CHESTNUT	STAR LR SOCK RR							SOCK LIP?	BRAND?	
	USGC1603	120	F	SN	BLACK	NO OTHER MARKINGS									
	USGC1604	36	M	TH	CHESTNUT	BLAZE LR SOCK RR							CORNET LIP?		
	USGC1605	60	F	TH	CHESTNUT	STAR STRIP SNIP							LR ANKLE LIP?		
	USGC1606	60	M	TH	BAY	FAINT STAR LR ANKLE RF ANKLE RR ANKLE LIP?									
	USGC1607	72	M	TH	BLACK	STAR STRIP SNIP LR ANKLE RR SOCK LIP?									
	USGC1608	36	F	TH	BAY	STAR LIP?									
	USGC1609	40	M	TH	BAY	STAR STRP SNIP RR CORNET LIP?									
	USGC1610	40	M	TH	BAY	STAR STRIP SNIP LR SOCK LIP?									

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

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1581	✓						✓					✓			LIP—	
2		1582					✓			✓				✓				
3		1583	✓						✓					✓			LIP—	
4		1584	✓						✓					✓			LIP—	
5		1585		✓					✓							✓	LIP—	
6		1586					✓		✓					✓			LIP—	
7		1587			✓								STD			✓	LIP—	
8		1588		✓									APP			✓		
9		1589	✓										STD	✓			BRAND X6501	
10		1590			✓								STD			✓	BRAND 2G311	
11		1591					✓				BLG					✓		
12		1592			✓								STD			✓	LIP— BRAND 39	BLIND LEFT EYE
13		1593			✓								STD			✓	LIP—	
14		1594			✓								STD			✓	LIP—	
15		1595	✓										STD			✓	LIP—	

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

(b) (6)

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1596	✓										STD			✓	BRAND R502B	
17		1597	✓										STD			✓		ROAN PATCH ON JAW
18		1598			✓								STD			✓	LIP—	
19		1599	✓										STD	✓				
20		1600					✓				BELG			✓				
21		1601		✓							PERCH			✓				
22		1602					✓						STD			✓	LIP— BRAND —	
23		1603			✓								STD	✓				
24		1604					✓		✓							✓	LIP—	
25		1605					✓		✓					✓			LIP—	
26		1606	✓						✓							✓	LIP—	
27		1607			✓				✓							✓	LIP—	
28		1608	✓						✓					✓			LIP—	
29		1609	✓						✓							✓	LIP—	
30		1610	✓						✓						✓		LIP—	
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

*U.S. Government Printing Office: 2004—616-624/99766

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024277

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-23-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION 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
USGC1521	120	F	QH BAY STAR STRIP SNIP LF CORNET RR ANKLE											
USGC1522	144	F	AP CHESTNUT WHITE BLAZE LR ANKLE											
USGC1523	120	F	PAINT BLACK WHITE STAR STRIP SNIP											
USGC1524	96	F	TH BAY STAR STRIP LR ANKLE RF ANKLE RR ANKLE LIP?											
			BLIND L EYE											
USGC1525	108	F	QH CHESTNUT STAR											
USGC1526	144	F	AP CHESTNUT WHITE BLAZE											
USGC1527	192	F	QH RED ROAN LR ANKLE RR ANKLE											
USGC1528	72	N	QH WHITE NO OHTER MARKINGS											
USGC1529	120	F	QH BAY NO OTHER MARKINGS											
USGC1530	60	F	AP BLACK WHITE											
USGC1531	120	F	QH PALOMINO STAR											
USGC1532	108	F	AP CHESTNUT WHITE BLAZE SNIP RF CORNET RR SOCK											
USGC1533	72	N	HAFLINGER CHESTNUT BLAZE BLIND LEFT EYE											
USGC1534	60	N	HAFLINGER CHESTNUT STRIP SNIP											
USGC1535	108	F	QH BAY STAR LR ANKLE RR CORNET											
USGC1536	180	F	SN BLACK STAR LIP?											
USGC1537	144	F	QH CHESTNUT STAR STRIP											
USGC1538	60	F	QH DUN STAR STRIP SNIP LR CORNET											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: AUG 23,2010

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

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHLEIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION — CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC1539	120	F	SN	BAY	BRAND V5966									
1849 MARION HARDIN RD.	USGC1540	144	N	SN	BLACK	BRAND RS899									
LA RUE, OH 43332	USGC1541	132	N	OH	BAY	STRIP	SNIP	LF SOCK				RF ANKLE	RR ANKLE		
	USGC1542	120	F	PAINT	BAY	WHITE LF SOCK				LR SOCK		RF SOCK	RR SOCK		
	USGC1543	120	N	TH	BAY	STAR LIP?									
	USGC1544	36	F	TH	BAY	LR CORNET LIP?									
	USGC1545	156	F	SN	BAY	LIP?									
	USGC1546	120	N	OH	CHESTNUT	BLAZE	LF SOCK			LR SOCK		RF CORNET	RR SOCK		
						SCAR LR LEG									
	USGC1547	180	N	TH	BLACK	STAR	STRIP	SNIP	LF CORNET			LR CORNET	RF CORNET		
								LIP?							
	USGC1548	192	F	PE	BLACK	STAR	STRIP	SNIP							
	USGC1549	144	N	SN	BAY	RR ANKLE	BRAND WP432								
	USGC1550	132	N	SN	BAY	BRAND R27933									

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

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARODN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEDEVILLE, QUEBEC J0G/K0
AREA CODE & TELEPHONE NO.: 7049993995	AREA CODE & TELEPHONE NO.: 4507882490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1521	✓							✓				✓				
2		1522						CHESTN WHT					APP	✓				
3		1523				BLK WHT							PAINT	✓				
4		1524	✓						✓					✓			LIP-	BLIND LEFT EYE
5		1525					✓			✓				✓				
6		1526						CHESTN WHT					APP	✓				
7		1527						RED ROAN		✓				✓				
8		1528						WHITE		✓						✓		
9		1529	✓							✓				✓				
10		1530						BLK WHT					APP	✓				
11		1531						PAL		✓				✓				
12		1532						CHESTN WHT					APP	✓				
13		1533					✓						NAFL			✓		BLIND LEFT EYE
14		1534					✓						NAFL			✓		
15		1535	✓							✓				✓				

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

SIGNATURE (b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1536			✓								STO	✓			LIP—	
17		1537					✓			✓				✓				
18		1538						OUN		✓				✓				
19		1539	✓										STO	✓			BRAND V5966	
20		1540			✓								STO			✓	BRAND R5899	
21		1541	✓							✓						✓		
22		1542				BAY WHT							PAINT	✓				
23		1543	✓						✓							✓	LIP—	
24		1544	✓						✓					✓			LIP—	
25		1545	✓										STO	✓			LIP—	
26		1546					✓			✓						✓		SCAR LEFT REAR LEG
27		1547			✓				✓							✓	LIP—	
28		1548			✓						PERCH			✓				
29		1549	✓										STO			✓	BRAND WP432	
30		1550	✓										STO			✓	BRAND R7933	
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024276

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 8-23-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

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

MODIFIED ACCREDITED AREA (TB)

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
BAUER, FRED E.														
1849 MARION HARDIN RD														
LA RUE, OH 43332														
USGC1551	144	N	SN	BAY	LR ANKLE BRAND VL437									
USGC1552	120	N	OH	BAY	STAR LF CORNET LR ANKLE RR ANKLE									
USGC1553	180	N	BL	CHESTNUT	STAR STRIP SNIP									
USGC1554	132	F	SN	BAY	STAR BRAND TH474									
USGC1555	120	F	SN	BAY	STAR LR CORNET BRAND DAS82									
USGC1556	192	N	SN	BAY	FAINT STAR RR HEEL LIP?									
USGC1557	108	N	SN	BAY	FAINT STAR RR HEEL BRAND SE043									
USGC1558	132	N	SN	BAY	NO OTHER MARKINGS									
USGC1559	144	F	BL	CHESTNUT	BLAZE LF SOCK LR SOCK RF ANKLE RR SOCK SCAR RR LEG									
USGC1560	156	F	BL	CHESTNUT	BLAZE LR SOCK									
USGC1561	132	N	BL	CHESTNUT	BLAZE									
USGC1562	100	F	PE	BLACK	NO OTHER MARKINGS									
USGC1563	60	M	SN	BAY	NO OTHER MARKINGS									
USGC1564	132	N	SN	BAY	LR ANKLE BRAND LM019									
USGC1565	192	N	SN	BAY	STAR LR ANKLE RR ANKLE LIP?									
USGC1566	180	N	SN	BAY	STAR LIP? BRAND?									
USGC1567	120	N	SN	BAY	RR ANKLE J2500									
USGC1568	108	F	OH	RED	ROAN BLAZE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: AUG 23, 2010

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

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0[illegible]

PAGE NO. 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN Owner's name *(Last name, two initials, & business name)* Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION: ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA: DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC1569	180	F	OH	BLACK	BLAZE	LF	SOCK	RR	ANKLE	BLIND	RIGHT	EYE		
1849 MARION HARDIN RD.	USGC1570	60	N	TH	BAY	STAR	LIP?								
LA RUE, OH 43332	USGC1571	72	F	PAINT	RED	ROAN	WHITE	BALD	LF	SOCK	LR	SOCK	RF	SOCK	
						RR	SOCK								
	USGC1572	120	N	SN	BLACK	RR	ANKLE	BRAND	WEG01						
	USGC1573	72	F	TH	BAY	STAR	LIP?								
	USGC1574	132	F	PAINT	BAY	WHITE	STAR	STRIP	SNIP	LF	SOCK	LR	SOCK		
							RF	SOCK	RR	SOCK					
	USGC1575	108	N	PAINT	CHESTNUT	WHITE	BLAZE								
	USGC1576	36	F	TH	BLACK	LIP?									
	USGC1577	84	N	TH	BAY	STAR	STRIP	SNIP	LR	SOCK	RF	SOCK	LIP?		
	USGC1578	144	N	SN	BLACK	LF	SOCK	LR	SOCK	RF	SOCK	RR	SOCK	LIP?	BRAND 442
	USGC1579	60	F	TH	BAY	STAR	STRIP	LIP?							
	USGC1580	100	N	SN	BAY	STAR	LR	SOCK	RR	ANKLE	BRAND	SAN46			

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

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

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1551	✓										STD			✓	BRAND VL437	
2		1552	✓							✓						✓		
3		1553					✓				BELG					✓		
4		1554	✓										STD	✓			BRAND TH474	
5		1555	✓										STD	✓			BRAND DAS82	
6		1556	✓										STD			✓	LIP—	
7		1557	✓										STD			✓	BRAND SE043	
8		1558	✓										STD			✓		
9		1559					✓				BELG			✓				SCAR RIGHT REAR LEG
10		1560					✓				BELG			✓				
11		1561					✓				BELG					✓		
12		1562			✓						PERCH			✓				
13		1563	✓										STD			✓		
14		1564	✓										STD			✓	BRAND LM019	
15		1565	✓										STD			✓	LIP—	

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

SIGNATURE (b) (6) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1566	✓										STD			✓	LIP — BRAND —	
17		1567	✓										STD			✓	BRAND J2500	
18		1568						RED ROAN		✓				✓				
19		1569			✓					✓				✓				BLIND RIGHT EYE
20		1570	✓						✓							✓	LIP —	
21		1571				REDROAN WHT							PAINT	✓				
22		1572			✓								STD			✓	BRAND WEG01	
23		1573	✓						✓					✓			LIP —	
24		1574				BAY WHT							PAINT	✓				
25		1575				CHESTN WHT							PAINT			✓		
26		1576			✓				✓					✓			LIP —	
27		1577	✓						✓							✓	LIP —	
28		1578			✓								STD			✓	LIP — BRAND 442	
29		1579	✓						✓					✓			LIP —	
30		1580	✓										STD			✓	BRAND 5AN46	
31																		
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45																		

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

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

*U.S. Government Printing Office: 2004—616-624/99766

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

2. CERTIFICATE NO: H 52084

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-28-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	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

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

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

MODIFIED ACCREDITED AREA (TB)

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
USFR2371	120	F	TW CHESTNUT		NO OTHER MARKINGS									
USFR2372	144	N	OH CHESTNUT		STAR STRIP LR ANKLE									
USFR2373	180	N	OH WHITE		NO OTHER MARKINGS									
USFR2374	96	N	OH PALOMINO		BLAZE									
USFR2375	84	F	OH PALOMINO		BLAZE LF SOCK									
USFR2376	144	F	AP CHESTNUT		WHITE STAR LF HEEL LR ANKLE									
USFR2377	120	F	AP BAY		ROAN STAR LR ~~A~~ SOCK									
USFR2378	132	F	AP RED		ROAN LR CORNET RR CORNET									
USFR2379	96	F	OH CHESTNUT		STAR									
USFR2380	120	F	OH BAY		STAR LR ANKLE RR SOCK SCAR R EYE									
USFR2381	144	F	OH BAY		STAR									
USFR2382	120	F	PAINT BAY		WHITE STAR SNIP									
USFR2383	120	F	OH PALOMINO		STAR									
USFR2384	120	F	AP RED		ROAN BLAZE LR SOCK RR ANKLE									
USFR2385	96	F	PAINT CHESTNUT		WHITE STAR STRIP SNIP									
USFR2386	120	N	AP BAY		WHITE STAR STRIP SNIP									
USFR2387	84	F	OH CHESTNUT		STAR LR ANKLE SCAR L EYE									
USFR2388	36	F	BL CHESTNUT		BLAZE									
USFR2389	60	F	OH BLACK		NO OTHER MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUN 28,2010

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

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM [illegible] (MAR 96) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

15. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140: H52084

3. PAGE NO. 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION — 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
BAUER, FRED E.	USFR2390	72	F	PAINT BLACK				WHITE	LF	ANKLE		LR	SOCK RF	SOCK RR SOCK	
1849 MARION HARDIN RD	USFR2391	60	F	PAINT BLACK				WHITE	LF	SOCK		LR	SOCK RF	SOCK RR SOCK	
LA RUE, OH 43332	USFR2392	84	F	TH BLACK STAR				BIG	SNIP	LR		ANKLE LIP?			
	USFR2393	96	N	TH BAY STAR				LR SOCK	RR	ANKLE LIP?					
	USFR2394	120	F	OH CHESTNUT STAR				STRIP	SNIP	SCAR LR LEG					
	USFR2395	96	F	OH CHESTNUT STAR				STRIP	SNIP						
	USFR2396	108	F	OH BLACK NO OTHER MARKINGS											
	USFR2397	108	N	TH BLACK LIP?											
	USFR2398	120	N	OH BAY STAR				LF SOCK	LR	SOCK RR SOCK					
	USFR2399	144	N	AB BAY STAR				SNIP	LR	SOCK					
	USFR2400	96	N	TH BLACK STAR				STRIP	SNIP	LR ANKLE RF		SOCK LIP?			

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

APPROVED

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

PART 4 - FIELD STATION

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: H 52083

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-28-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2341	72	N	TH CHESTNUT		STAR LIP?									
USFR2342	72	N	TH GRAY		STAR STRIP SNIP LIP?									
USFR2343	72	N	TH GRAY		STAR STRIP SNIP LIP?									
USFR2344	48	N	TH CHESTNUT		STAR STRIP SNIP LR SOCK RF CORNET RR SOCK LIP?									
USFR2345	96	N	TH CHESTNUT		BLAZE LIP?									
USFR2346	144	N	SN BAY		BRAND RT117									
USFR2347	108	N	TH BAY		LIP?									
USFR2348	84	F	TH BAY		STAR LIP?									
USFR2349	72	N	TH CHESTNUT		STAR STRIP SNIP LIP?									
USFR2350	180	F	BL CHESTNUT		STAR STRIP SNIP									
USFR2351	84	N	TH BAY		LIP?									
USFR2352	96	N	TH BAY		FAINT STAR LF ANKLE LR ANKLE RR ANKLE LIP?									
USFR2353	240	F	OH BAY		BLAZE LF ANKLE LR SOCK RF SOCK RR SOCK BRAND G9									
USFR2354	144	F	OH CHESTNUT		STAR STRIP SNIP									
USFR2355	96	M	TH CHESTNUT		STAR STRIP LF SOCK LR SOCK RF SOCK RR CORNET LIP?									
USFR2356	84	F	PAINT CHESTNUT		WHITE BLAZE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUN 28,2010

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

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140: H52083

PAGE NO.: 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR2357	120	F	QH	BAY STAR									
1849 MARION HARDIN RD.	USFR2358	240	F	QH	CHESTNUT STAR									
LA RUE, OH 43332	USFR2359	84	N	QH	BLACK STAR STRIP SNIP LR SOCK RR ANKLE									
	USFR2360	120	F	PAINT	BLACK WHITE STAR STRIP SNIP BLIND L EYE									
	USFR2361	144	F	QH	CHESTNUT STAR STRIP SNIP LR SOCK RF SOCK RR SOCK									
	~~USFR2363~~	~~296~~	~~F~~	~~QH~~	~~BLACK STRIP SNIP RR SOCK~~									
	~~USFR2363~~													
	USFR2362	96	F	QH	BLACK STARIP SNIP RR SOCK									
	USFR2363	72	F	AB	CHESTNUT STAR STRIP SNIP LF SOCK RF ANKLE RR ANKLE									
	USFR2364	96	F	QH	BLACK NO OTHER MARKINGS									
	USFR2365	84	F	AB	CHESTNUT STAR STRIP SNIP SCAR LF HOOF									
	USFR2366	144	F	QH	BAY STAR STRIP SNIP LR SOCK									
	USFR2367	120	N	QH	CHESTNUT STAR STRIP SNIP SCAR ON FOREHEAD									
	USFR2368	96	F	PAINT	BLACK WHITE STAR LF SOCK RF SOCK RR SOCK									
	USFR2369	84	F	QH	CHESTNUT BLAZE									
	USFR2370	120	N	QH	CHESTNUT NO OTHER MARKINGS									

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

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

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

You are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

RICULTURE
PECTION SERVICE
VICES

ET FOR

TH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140: H52083

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

	DISEASE	DISEASE	DISEASE
	TYPE TEST	TYPE TEST	TYPE TEST
	DATE	DATE	DATE

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2357	120	F	QH	BAY	STAR									
USFR2358	240	F	QH	CHESTNUT	STAR									
USFR2359	84	N	QH	BLACK	STAR	STRIP	SNIP	LR	SOCK	RR	ANKLE			
USFR2360	120	F	PAINT	BLACK	WHITE	STAR	STRIP	SNIP	BLIND	L	EYE			
USFR2361	144	F	QH	CHESTNUT	STAR	STRIP	SNIP	LR	SOCK	RF	SOCK	RR	SOCK	
~~USFR2363~~	~~296~~	~~F~~	~~QH~~	~~BLACK~~	~~STRIP~~	~~SNIP~~	~~RR~~	~~SOCK~~						
~~USFR2363~~														
USFR2362	96	F	QH	BLACK	STARIP	SNIP	RR	SOCK						
USFR2363	72	F	AB	CHESTNUT	STAR	STRIP	SNIP	LF	SOCK	RF	ANKLE	RR	ANKLE	
USFR2364	96	F	QH	BLACK	NO	OTHER	MARKINGS							
USFR2365	84	F	AB	CHESTNUT	STAR	STRIP	SNIP	SCAR	LF	HOOF				
USFR2366	144	F	QH	BAY	STAR	STRIP	SNIP	LR	SOCK					
USFR2367	120	N	QH	CHESTNUT	STAR	STRIP	SNIP	SCAR	ON	FOREHEAD				
USFR2368	96	F	PAINT	BLACK	WHITE	STAR	LF	SOCK	RF	SOCK	RR	SOCK		
USFR2369	84	F	QH	CHESTNUT	BLAZE									
USFR2370	120	N	QH	CHESTNUT	NO	OTHER	MARKINGS							

NSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE
UNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF
NARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING
N; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH 3.
IME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT
THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL
ALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT
CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS
BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED
OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER
E AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO

d.

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO. 0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	2341					✓		✓							✓	LIP—	
2		2342		✓					✓							✓	LIP—	
3		2343		✓					✓							✓	LIP—	
4		2344					✓		✓							✓	LIP—	
5		2345					✓		✓							✓	LIP—	
6		2346	✓										STO			✓	BRAND RT117	
7		2347	✓						✓							✓	LIP—	
8		2348	✓						✓					✓			LIP—	
9		2349					✓		✓							✓	LIP—	
10		2350					✓				BELG			✓				
11		2351	✓						✓							✓	LIP—	
12		2352	✓						✓							✓	LIP—	
13		2353	✓							✓				✓			BRAND G9	
14		2354					✓			✓				✓				
15		2355					✓		✓						✓		LIP—	

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

SIGNATUR[redacted]

(b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2356				CHSTN WHT							PAINT	✓				
17		2357	✓							✓				✓				
18		2358					✓			✓				✓				
19		2359			✓					✓						✓		
20		2360				BLK WHT							PAINT	✓				BLIND LEFT EYE
21		2361					✓			✓				✓				
22		2362			✓					✓				✓				
23		2363					✓						ARAB	✓				
24		2364			✓					✓				✓				
25		2365					✓						ARAB	✓				SCAR LEFT FRONT HOOF
26		2366	✓							✓				✓				
27		2367					✓			✓						✓		SCAR ON FOREHEAD
28		2368				BLK WHT							PAINT	✓				
29		2369					✓			✓				✓				
30		2370					✓			✓						✓		
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.)

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO. 0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2371					✓						TWH	✓				
2		2372					✓			✓						✓		
3		2373						WHITE		✓						✓		
4		2374						PAL		✓						✓		
5		2375						PAL		✓				✓				
6		2376						CHESTN WHT					APP	✓				
7		2377						BAY ROAN					APP	✓				
8		2378						RED ROAN					APP	✓				
9		2379					✓			✓				✓				
10		2380	✓							✓				✓				SCAR RIGHT EYE
11		2381	✓							✓				✓				
12		2382				BAY WHT							PAINT	✓				
13		2383						PAL		✓				✓				
14		2384						RED ROAN					APP	✓				
15		2385				CHESTN WHT							PAINT	✓				

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

SIGNAT [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2386						BRY WHT					APP			✓		
17		2387					✓			✓				✓				SCAR LEFT EYE
18		2388					✓				BELG			✓				
19		2389			✓					✓				✓				
20		2390				BLK WHT							PRINT	✓				
21		2391				BLK WHT							PRINT	✓				
22		2392			✓				✓					✓			LIP—	
23		2393	✓						✓							✓	LIP—	
24		2394					✓			✓				✓				SCAR LEFT REAR LEG
25		2395					✓			✓				✓				
26		2396			✓					✓				✓				
27		2397			✓				✓							✓	LIP—	
28		2398	✓							✓						✓		
29		2399	✓										ARAG			✓		
30		2400			✓				✓						✓		LIP—	
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: H 52081

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-28-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2281	180	F	OH CHESTNUT LF HEEL LR ANKLE RR ANKLE											
USFR2282	192	F	SN BLACK LIP?											
USFR2283	120	F	OH CHESTNUT BLAZE LR CORNET RF CORNET RR CORNET											
USFR2284	132	F	OH BAY STAR STRIP SNIP											
USFR2285	108	F	OH BAY STAR STRIP SNIP LR CORNET											
USFR2286	72	N	OH BLACK NO OTHER MARKINGS											
USFR2287	95	N	OH BLACK FAINT STAR											
USFR2288	108	F	OH BLACK STAR BLIND R EYE											
USFR2289	120	F	SN BAY STAR LR ANKLE RR SOCK BRAND TW705											
USFR2290	84	N	OH CHESTNUT STAR											
USFR2291	120	F	AP RED ROAN SNIP LR SOCK RR CORNET											
USFR2292	60	F	OH CHESTNUT BLAZE LR SOCK RR CORNET											
USFR2293	120	F	SN BAY STAR LR ANKLE											
USFR2294	132	N	PAINT BAY WHITE STAR STRIP SNIP LR SOCK											
USFR2295	120	F	OH CHESTNUT STAR STRIP SNIP CROOKED RR ANKLE											
USFR2296	180	F	SN BAY STAR STRIP RR CORNET BRAND KC235											
USFR2297	180	F	OH BAY STAR LR ANKLE RR ANKLE SCAR LF LEG											
USFR2298	36	F	OH BAY STAR STRIP SNIP RR SOCK											
USFR2299	180	N	AP CHESTNUT WHITE BLIND R EYE											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUN 28,2010

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

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

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

23. Signature of [illegible] federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR.90) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
BAUER, FRED E.											
1849 MARION HARDIN RD											
LA RUE, OH 43332											
USFR2300	84	F	SN	BLACK BRAND V1803							
USFR2301	180	F	SN	BAY STAR STRIP RF CORNET RR ANKLE LIP?							
USFR2302	84	N	SN	BAY FAINT STAR LR ANKLE RR SOCK BRAND W3262							
USFR2303	144	F	SN	BAY STAR BRAND T1127							
USFR2304	156	F	SN	BLACK STAR LIP?							
USFR2305	180	N	SN	BAY LR CORNET RR ANKLE LIP?							
USFR2306	180	F	SN	BLACK LR HEEL							
USFR2307	144	F	SN	BAY LR SOCK RF CORNET RR SOCK BRAND T1802							
USFR2308	240	F	TH	BAY LIP?							
USFR2309	240	N	SN	BAY ROAN STAR LR ANKLE LIP?							
USFR2310	180	F	SN	BAY STAR BRAND W0642							

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

[illegible], DVM

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

PART 4 – FIELD STATION

FITN **RAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

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

OMB NO. 0579-0160

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

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

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

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

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

AREA CODE & TELEPHONE NO.: 740 499 3995 | AREA CODE & TELEPHONE NO.: 450 788 2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2281					✓			✓				✓				
2		2282			✓								STD	✓			LIP –	
3		2283					✓			✓				✓				
4		2284	✓							✓				✓				
5		2285	✓							✓				✓				
6		2286			✓					✓						✓		
7		2287			✓					✓						✓		
8		2288			✓					✓				✓				BLIND RIGHT EYE
9		2289	✓										STD	✓			BRAND TW705	
10		2290					✓			✓						✓		
11		2291						RED ROAN					ARP	✓				
12		2292					✓			✓				✓				
13		2293	✓										STD	✓				
14		2294				BAY W/ WHT							PAINT			✓		
15		2295					✓			✓				✓				CROOKED RIGHT REAR ANKLE

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

SIGNATURE (b) (6) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

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

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2296	✓										STD	✓			BRAND KC235	
17		2297	✓							✓				✓				SCAR LEFT FRONT LEG
18		2298	✓							✓				✓				
19		2299						CHEST WHT					APP			✓		BLIND RIGHT EYE
20		2300			✓								STD	✓			BRAND V1803	
21		2301	✓										STD	✓			LIP—	
22		2302	✓										STD			✓	BRAND W3262	
23		2303	✓										STD	✓			BRAND T1127	
24		2304			✓								STD	✓			LIP—	
25		2305	✓										STD			✓	LIP—	
26		2306			✓								STD	✓				
27		2307	✓										STD	✓			BRAND T1802	
28		2308	✓						✓					✓			LIP—	
29		2309	✓										STD			✓	LIP—	
30		2310	✓										STD	✓			BRAND W8649	
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

*U.S. Government Printing Office: 2004—616-624/99766

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140: 452082

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN Owner's name *(Last name, two initials, & business name)* Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.	USFR2327	72	F	OH	CHESTNUT	BLAZE	LF	SOCK	LR	SOCK	RF	SOCK	RR	SOCK	
1849 MARION HARDIN RD	USFR2328	72	F	OH	BLACK	LR	CORNET								
LA RUE, OH 43332	USFR2329	60	F	OH	RED	ROAN	STAR								
	USFR2330	72	F	SN	BAY	FAINT	STAR	LR	SOCK	RR	SOCK				
	USFR2331	60	F	OH	CHESTNUT	STAR	STRIP	LR	CORNET						
	USFR2332	240	F	OH	CHESTNUT	BLAZE	RR	CORNET							
	USFR2333	48	F	PAINT	CHESTNUT	WHITE	BLAZE	LF	SOCK	LR	SOCK	RF	SOCK	RR	SOCK
	USFR2334	240	F	OH	CHESTNUT	STAR	STRIP	SNIP	LR	CORNET	BRAND	K			
	USFR2335	60	N	OH	PALOMINO	STAR	STRIP	SNIP	LR	SOCK	LRR	SOCK	SCAR	RR	LEG
	USFR2336	48	F	OH	CHESTNUT	STAR	STRIP	SNIP	LR	SOCK					
	USFR2337	120	F	OH	DUN	FAINT	STAR								
	USFR2338	72	F	OH	BAY	NO	OTHER	MARKINGS							
	USFR2339	72	F	OH	CHESTNUT	STAR	LR	SOCK	RR	SOCK					
	USFR2340	120	F	SN	BAY	RR	CORNET								

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

DVM

DVM

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

PART 4 - FIELD STATION

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: H 52082

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-28-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E ✓	F DATE	G ✓	H DATE	I VAC	J 1/25	K 1/50	L 1/100	M DATE	N DATE	O DATE
BAUER, FRED E	USFR2311	240	F TH BAY		FAINT		STAR	LF	ANKLE		LR	SOCK RF HEEL		
1849 MARION HARDIN RD			RR SOCK LIP? LUMP R JAW											
LA RUE, OH 43332	USFR2312	120	F PAINT		CHESTNUT		WHITE		BLAZE					
	USFR2313	60	F OH		CHESTNUT		STAR STRIP SNIP							
	USFR2314	72	F AP		BLACK WHITE ROAN FACE									
	USFR2315	72	F OH		CHESTNUT		STAR							
	USFR2316	48	N OH		DUN		STAR							
	USFR2317	240	N OH		CHESTNUT		STAR LR SOCK RR SOCK HARNESS MARKS ON BACK							
	USFR2318	144	F OH		CHESTNUT		BLAZE LF SOCK LR SOCK RF SOCK RR SOCK							
					BRAND WM OVER EACH OTHER									
	USFR2319	84	N OH		PALOMINO		FAINT STAR							
	USFR2320	120	F OH		BLACK STAR STRIP SNIP LR SOCK RR SOCK									
	USFR2321	60	F OH		CHESTNUT		STAR STRIP SNIP LR CORNET RR SOCK							
					ROAN SPOT L THIGH									
	USFR2322	144	F OH		CHESTNUT		BLAZE LR SOCK RR SOCK							
	USFR2323	60	F OH		BAY		STAR							
	USFR2324	144	F OH		CHESTNUT		STAR STRIP SNIP RR SOCK BRAND ARROW OVER 2							
	USFR2325	132	F OH		CHESTNUT		STAR STRIP SNIP LR SOCK							
	USFR2326	156	F OH		PALOMINO		STAR STRIP							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUN 28,2010

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

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 4 - FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

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

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2311	✓						✓					✓			CLIP	LUMP RIGHT JAW
2		2312				CHESTN WHT							PAINT	✓				
3		2313					✓			✓				✓				
4		2314						BLK WHT					APP	✓				
5		2315					✓			✓				✓				
6		2316						DUN		✓						✓		
7		2317					✓			✓						✓		HARNESS MARKS ON BACK
8		2318					✓			✓				✓			BRAND Wm	
9		2319						PAL		✓						✓		
10		2320			✓					✓				✓				
11		2321					✓			✓				✓				ROAN SPOT LEFT THIGH
12		2322					✓			✓				✓				
13		2323	✓							✓				✓				
14		2324					✓			✓				✓			BRAND R	
15		2325					✓			✓				✓				

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

SIGNATURE (b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	LSFR	2326						PAL		✓				✓				
17		2327					✓			✓				✓				
18		2328			✓					✓				✓				
19		2329						RED ROAN		✓				✓				
20		2330	✓										STD	✓				
21		2331					✓			✓				✓				
22		2332					✓			✓				✓				
23		2333				CHESTN WHT							PAINT	X				
24		2334					✓			✓				✓			BRAND K	
25		2335						PAL		✓						✓		SCAR RIGHT REAR LEG
26		2336					✓			✓				✓				
27		2337						DUN		✓				✓				
28		2338	✓							✓				✓				
29		2339					✓			✓				✓				
30		2340	✓										STD	✓				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: H 52079

3. PAGE NO: 1 OF 2

4. DATE ISSUED: 6-24-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	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)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR2221	68	N OH BAY		STAR									
1849 MARION HARDIN RD.	USFR2222	108	F OH BAY		STRIP									
LA RUE, OH 43332	USFR2223	120	F OH BLACK		STAR		RR ANKLE							
	USFR2224	96	F OH BAY		STAR		STRIP	SNIP	LF CORNET			LR SOCK	RF CORNET	
			RR		SOCK									
	USFR2225	84	F SN BAY		STAR		STRIP	SNIP	LR SOCK			RF SOCK	RR SOCK	
	USFR2226	120	N OH CHESTNUT		STAR		SNIP	RR CORNET						
	USFR2227	60	F OH GRAY		STAR									
	USFR2228	108	F OH BAY		NO OTHER MARKINGS									
	USFR2229	120	F TH BAY		STAR LIP?									
	USFR2230	72	F OH BAY		STAR									
	USFR2231	120	F TH BAY		STAR		STRIP	LR ANKLE	LIP?					
	USFR2232	108	F OH BAY		LF CORNET		RR CORNET							
	USFR2233	120	F OH BAY		BRAND ANVIL		WITH A C	AND A SPUR				WITH A R		
					SCAR		RR ANKLE							
	USFR2234	144	F OH BAY		STAR		LARGE	R KNEE						
	USFR2235	180	F SN BAY		RF CORNET		BRAND?							
	USFR2236	144	F SN BAY		STAR		STRIP	SNIP	LIP?					

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUN 24,2010

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

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 99) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140: H52079

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USFR2237	18	0 N	SM	BAY	NO	OTHER	MARKINGS							
1849 MARION HARDIN RD	USFR2238	48	F	QH	BLACK	NO	OTHER	MARKINGS							
LA RUE, OH 43332	USFR2239	144	F	TH	BAY	LIP?									
	USFR2240	120	F	SM	BLACK	LR	ANKLE	RR	ANKLE	BRAND	X5224				
	USFR2241	180	F	BL	CHESTNUT	STRIP	SNIP								
	USFR2242	120	N	QH	BAY	STAR	LF ANKLE	LR	SOCK	RR SOCK					
	USFR2243	216	N	SM	BAY	FAINT	STAR	LR	SOCK	LR	SOCK	RF	ANKLE	RR SOCK	
						LIP?									
	USFR2244	204	F	SM	BAY	SNIP	LR ANKLE	LIP?							
	USFR2245	72	N	SM	BAY	LR	ANKLE	RR	CORNET	LIP?	BRAND	3			
	USFR2246	84	N	SM	BAY	BRAND	Z8312	SCAR	L	HOCK					
	USFR2247	132	N	SM	BAY	STAR	LR SOCK	RR	SOCK	LIP?					
	USFR2248	72	F	SM	BAY	STAR									
	USFR2249	84	F	SM	BAY	STAR	BRAND	W8551							
	USFR2250	144	N	SM	BAY	RR	CORNET	BRAND	S0073						

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

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

APPROVED OMB NO. 0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	2221	X							X						X		
2		2222	X							X				X				
3		2223			X					X				X				
4		2224	X							X				X				
5		2225	X										STD	X				
6		2226					X			X						X		
7		2227		X						X				X				
8		2228	X							X				X				
9		2229	X						X					X			LIP—	
10		2230	X							X				X				
11		2231	X						X					X			LIP—	
12		2232	X							X				X				
13		2233	X							X				X			BRAND ~~EX~~ ~~SC~~	SCAR RIGHT REAR ANKLE
14		2234	X							X				X				LARGE RIGHT KNEE
15		2235	X										STD	X			BRAND—	

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

SIGNATUR[redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2236	✓										STD	✓			LIP—	
17		2237	✓										STD			✓		
18		2238			✓					✓				✓				
19		2239	✓						✓					✓			LIP—	
20		2240			✓								STD	✓			BRAND X5224	
21		2241					✓				BELG			✓				
22		2242	✓							✓						✓		
23		2243	✓										STD			✓	LIP—	
24		2244	✓										STD	✓			LIP—	
25		2245	✓										STD			✓	LIP— BRAND J	
26		2246	✓										STD			✓	BRAND 28312	SCAR LEFT HOCK
27		2247	✓										STD			✓	LIP—	
28		2248	✓										STD	✓				
29		2249	✓										STD	✓			BRAND W8557	
30		2250	✓										STD			✓	BRAND 50073	
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: H 52080

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-24-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2251	120	F	OH BAY		STAR		SNIP RF CORNET							
USFR2252	108	N	OH BAY		STAR									
USFR2253	120	F	OH BAY		STAR		BRAND T WITH CURVE UNDER IT							
USFR2254	72	F	OH BAY		LF SOCK LR ANKLE RR SOCK									
USFR2255	84	N	OH BAY		BLAZE									
USFR2256	144	F	TH CHESTNUT		LF CORNET LIP?									
USFR2257	120	F	OH CHESTNUT		STAR STRIP SNIP LF SOCK LR SOCK									
USFR2258	108	F	OH BAY		STAR									
USFR2259	120	N	TH BAY		STAR		SNIP RR ANKLE LIP?							
USFR2260	144	F	OH DUN		STAR		STRIP SNIP RR SOCK							
USFR2261	108	F	TH CHESTNUT		STAR LIP?									
USFR2262	72	F	OH PALOMINO		NO OTHER MARKINGS									
USFR2263	84	F	PAINT CHESTNUT		WHITE BALD									
USFR2264	144	N	OH DUN		SCAR RF LEG									
USFR2265	120	N	OH BLACK		STAR STRIP SNIP LF ANKLE LR SOCK RR ANKLE									
USFR2266	144	F	TH CHESTNUT		STAR STRIP SNIP LIP?									
USFR2267	84	F	OH BAY		STAR STRIP SCAR ON FOREHEAD									
USFR2268	72	F	OH BAY		LR ANKLE									
USFR2269	120	N	OH CHESTNUT		BLAZE LF SOCK LR SOCK RR ANKLE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUN 24,2010

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

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140: H52080

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
BAUER, FRED E.	USFR2270	144	N	QH	GRAY NO OTHER MARKINGS						
1849 MARION HARDIN RD	USFR2271	180	N	QH	BLACK STAR LR ANKLE RR ANKLE						
LA RUE, OH 43332	USFR2272	120	N	QH	BLACK STAR STRIP SNIP LF ANKLE LR SOCK						
					RF CORNET SCAR R RUMP						
	USFR2273	84	F	QH	DUN STAR STRIP SNIP LF SOCK LR SOCK RR CORNET						
	USFR2274	120	F	QH	CHESTNUT STAR						
	USFR2275	60	N	TH	CHESTNUT LF CORNET LIP?						
	USFR2276	72	F	TH	GRAY STAR LR CORNET RF HEEL RR HEEL LIP?						
	USFR2277	60	F	TH	BAY LIP?						
	USFR2278	108	N	TH	BAY STAR SNIP LR ANKLE RF CORNET LIP?						
	USFR2279	60	N	TH	BAY STAR STRIP SNIP RR ANKLE LIP?						
	USFR2280	84	F	QH	BAY STAR						

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

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

PART 4 - FIELD STATION

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

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

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARIOIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882496

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2251	✓							✓				✓				
2		2252	✓							✓						✓		
3		2253	✓							✓				✓			BRAND I	
4		2254	✓							✓				✓				
5		2255	✓							✓						✓		
6		2256					✓		✓					✓			LIP	
7		2257					✓			✓				✓				
8		2258	✓							✓				✓				
9		2259	✓						✓							✓	LIP	
10		2260						DUN		✓				✓				
11		2261					✓		✓					✓			LIP	
12		2262						PAL		✓				✓				
13		2263			CHESTN WHT								PAINT	✓				
14		2264						DUN		✓						✓		SCAR RIGHT FRONT LEG
15		2265			✓					✓						✓		

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

SIGNATURE (b) (6) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2266					✓		✓					✓			LIP—	
17		2267	✓							✓				✓				SCAR ON FOREHEAD
18		2268	✓							✓				✓				
19		2269					✓			✓						✓		
20		2270		✓						✓						✓		
21		2271			✓					✓						✓		
22		2272			✓					✓						✓		SCAR RIGHT RUMP
23		2273						DUN		✓				✓				
24		2274					✓			✓				✓				
25		2275					✓		✓							✓	LIP—	
26		2276		✓					✓					✓			LIP—	
27		2277	✓						✓					✓			LIP—	
28		2278	✓						✓							✓	LIP—	
29		2279	✓						✓							✓	LIP—	
30		2280	✓							✓				✓				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024268

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-28-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1101	72	N	OH	CHESTNUT	BLAZE LR CORNET	RR ANKLE								
1849 MARION HARDIN RD.	USGC1102	120	F	OH	CHESTNUT	STAR STRIP SNIP	LR CORNET	RR ANKLE							
LA RUE, OH 43332	USGC1103	144	N	OH	BAY	NO OTHER MARKINGS									
	USGC1104	36	N	OH	CHESTNUT	STAR LF SOCK	RR SOCK								
	USGC1105	180	F	OH	BAY	SATAR SCARS NECK, CHEST, RR ANKLE									
	USGC1106	84	F	TH	BAY	STAR LIP?									
	USGC1107	108	N	AP	CHESTNUT	WHITE RR SOCK									
	USGC1108	84	N	TH	BAY	STAR LR CORNET	RR ANKLE	LIP?							
	USGC1109	240	N	SN	BAY	STAR LR CORNET	RR ANKLE	LIP?							
	USGC1110	180	N	OH	CHESTNUT	BLAZE									
	USGC1111	120	F	TH	BAY	LIP?									
	USGC1112	72	F	PAINT	PALOMINO	WHITE BLAZE LF SOCK LR SOCK RF ANKLE									
	USGC1113	72	N	AS	CHESTNUT	STAR STRIP SNIP									
	USGC1114	36	F	OH	BAY	BLAZE LF ANKLE	LR SOCK								
	USGC1115	120	F	OH	CHESTNUT	STAR STRIP SNIP									
	USGC1116	36	F	OH	BAY	STAR LR CORNET	RR SOCK								
	USGC1117	132	F	OH	BLACK	FAINT STAR									
	USGC1118	36	N	OH	BAY	STAR LF CORNET	RR ANKLE								
	USGC1119	60	F	OH	BAY	STAR STRIP SNIP	LR SOCK	RF SOCK	RR CORNET						

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUL 28 2010

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

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140: 2

PAGE NO.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1120	108	M	TW	BLACK	SCAR	RF	HOOF							
1849 MARION HARDIN RD.	USGC1121	60	F	TW	BLACK	SNIP	LR	SOCK	RR	CORNET					
LA RUE, OH 43332	USGC1122	60	F	TW	BLACK	STAR	SNIP	LR	CORNET						
	USGC1123	120	N	OH	BLACK	NO	OTHER	MARKINGS							
	USGC1124	84	M	TH	BAY	STAR	STRIP	SNIP	LIP?						
	USGC1125	144	F	OH	CHESTNUT	BLAZE									
	USGC1126	144	F	OH	CHESTNUT	STAR	STRIP	SNIP							
	USGC1127	60	F	TH	CHESTNUT	BLAZE	RR	CORNET	LIP?						
	USGC1128	60	F	TH	CHESTNUT	STAR	STRIP	SNIP	LR	ANKLE					
	USGC1129	48	N	TH	CHESTNUT	STAR	LIP?								
	USGC1130	180	F	OH	CHESTNUT	BLAZE									

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

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

0579-0160

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

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	US6C	1101					✓			✓						✓		
2		1102					✓			✓				✓				
3		1103	✓							✓						✓		
4		1104					✓			✓						✓		
5		1105	✓							✓				✓				SCARS NECK, CHES RIGHT REAR ANKLE
6		1106	✓						✓					✓			LIP—	
7		1107						CHESTN WHT					APP			✓		
8		1108	✓						✓							✓	LIP—	
9		1109	✓										STD			✓	LIP—	
10		1110					✓			✓						✓		
11		1111	✓						✓					✓			LIP—	
12		1112				PAL WHT							PAINT	✓				
13		1113					✓						SB			✓		
14		1114	✓							✓				✓				
15		1115					✓			✓				✓				

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1116	✓							✓				✓				
17		1117			✓					✓				✓				
18		1118	✓							✓						✓		
19		1119	✓							✓				✓				
20		1120			✓								TWH	✓				SCAR RIGHT FRONT HOOF
21		1121			✓								TWH	✓				
22		1122			✓								TWH	✓				
23		1123			✓					✓						✓		
24		1124	✓						✓						✓		LIP—	
25		1125					✓			✓				✓				
26		1126					✓			✓				✓				
27		1127					✓		✓					✓			LIP—	
28		1128					✓		✓					✓				
29		1129					✓		✓							✓	LIP—	
30		1130					✓			✓				✓				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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44																		
45																		

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

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

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO. 0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1131	X						X							X	LIP—	LARGE LEFT FRONT ANKLE
2		1132		X					X					X			LIP—	
3		1133					X		X					X			LIP—	
4		1134	X							X				X				SCAR LEFT REAR LEG
5		1135						BAY ROAN					STO	X				
6		1136	X										STO			X	BRAND—	
7		1137					X			X				X				
8		1138		X					X					X			LIP—	
9		1139	X							X						X		
10		1140	X										STO			X	LIP—	LARGE RIGHT REAR ANKLE
11		1141					X		X							X	LIP—	
12		1142					X		X							X	LIP—	
13		1143	X						X							X	LIP—	
14		1144	X						X							X	LIP—	
15		1145			X				X					X			LIP—	

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

(b) (6)

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSELUEVILLE, QUEBEC J0G1K0
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CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

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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	USGC	1131	✓						✓							✓	LIP	LARGE LEFT FRONT ANKLE
2		1132		✓					✓					✓			LIP	
3		1133					✓		✓					✓			LIP	
4		1134	✓							✓				✓				SCAR LEFT REAR LEG
5		1135						BAY ROAN					STD	✓				
6		1136	✓										STD			✓	BRAND	
7		1137					✓			✓				✓				
8		1138		✓					✓					✓			LIP	
9		1139	✓							✓						✓		
10		1140	✓										STD			✓	LIP	LARGE RIGHT REAR ANKLE
11		1141					✓		✓							✓	LIP	
12		1142					✓		✓							✓	LIP	
13		1143	✓						✓							✓	LIP	
14		1144	✓						✓							✓	LIP	
15		1145			✓				✓					✓			LIP	

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

SIGNATURE (b) (6) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024269

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-28-10

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6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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Owner's city/town, State code (FIPS code on reverse) & zip code

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

17. Farm origin	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1131	60	N	TH	BAY	STAR LF HEEL LR HEEL RR SOCK LIP?									
1849 MARION HARDIN RD.						LARGE LF ANKLE									
LA RUE, OH 43332	USGC1132	240	F	TH	GRAY	STAR STRIP SNIP LIP?									
	USGC1133	72	F	TH	SORRE	CHESTNUT STAR SNIP LR							SOCK RF	SOCK	
						RR SOCK LIP?									
	USGC1134	132	F	QH	BAY	STAR STRIP SNIP RR ANKLE							SCAR LR	LEG	
	USGC1135	228	F	SN	BAY	ROAN STAR									
	USGC1136	240	N	SN	BAY	ROAN FACE RR SOCK BRAND?									
	USGC1137	120	F	QH	CHESTNUT	BLAZE LF CORNET LR							SOCK RR	ANKLE	
	USGC1138	60	F	TH	GRAY	LIP?									
	USGC1139	120	N	QH	BAY	BLAZE									
	USGC1140	84	N	SN	BAY	LR HEEL RR CORNET LIP? LARGE RR ANKLE									
	USGC1141	96	N	TH	CHESTNUT	STAR STRIP LR SOCK RR SOCK LIP?									
	USGC1142	72	N	TH	CHESTNUT	STAR LF ANKLE LR SOCK RR ANKLE LIP?									
	USGC1143	48	N	TH	BAY	STAR RR SOCK LIP?									
	USGC1144	48	N	TH	BAY	FAINT STAR LR SOCK RR SOCK LIP?									
	USGC1145	48	F	TH	BLACK	LIP?									
	USGC1146	48	F	TH	BAY	STAR LIP?									
	USGC1147	60	F	TH	CHESTNUT	STAR R LR CORNET LIP?									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUL 28 2010

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

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

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): ~~30~~ 27

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. VS FORM 17-140: 024269

3. PAGE NO.

18. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE; TYPE TEST / TYPE TEST / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1148	180	N	SN	BAY STAR LF HEEL LR SOCK RR SOCK									
1849 MARION HARDIN RD.	USGC1149	48	F	TH	BAY FAINT STAR LIP?									
LA RUE, OH 43332	USGC1150	48	N	TH	CHESTNUT STAR LIP?									
	USGC1151	48	N	TH	GRAY STAR LR CORNET RR CORNET LIP?									
	USGC1152	96	N	PAINT	BAY WHITE BALD LF CORNET									
	USGC1153	120	F	PAINT	BLACK WHITE BALD									
	USGC1154	84	F	TH	BLACK STAR STRIP SNIP LR CORNET LIP? SCARS ON KNEES									
	USGC1155	60	F	TH	BAY STAR LR ANKLE RR CORNET									
	USGC1156	120	F	PAINT	BLACK WHITE BLAZE									
	USGC1157	84	N	OH	CHESTNUT BLAZE LR SOCK RF CORNET RR ANKLE									

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

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

PART 4 - FIELD STATION

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1146	✓						✓					✓			LIP—	
17		1147					✓		✓					✓			LIP—	
18		1148	✓										STO			✓		
19		1149	✓						✓					✓			LIP—	
20		1150					✓		✓							✓	LIP—	
21		1151		✓					✓							✓	LIP—	
22		1152				BRV WHT							PAINT			✓		
23		1153				BLK WHT							PAINT	✓				
24		1154			✓				✓					✓			LIP—	SCARS ON KNEES
25		1155	✓						✓					✓				
26		1156				BLK WHT							PAINT	✓				
27		1157					✓			✓						✓		
28		1158																
29		1159																
30		1160																
31																		
32																		
33		27																
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45																		

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

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

*U.S. Government Printing Office: 2004—616-624/99766

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024262

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-26-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2941	48	F	TH BAY FAINT STAR LIP?											
USFR2942	48	F	TH CHESTNUT STAR STRIP RF SOCK RR SOCK LIP?											
USFR2943	48	F	TH BAY LR ANKLE LIP?											
USFR2944	72	N	TH CHESTNUT LF ANKLE LR ANKLE RF ANKLE RR SOCK LIP?											
USFR2945	108	N	TH BAY STAR STRIP SNIP LR SOCK LIP?											
USFR2946	72	N	TH BAY FAINT STAR LIP?											
USFR2947	48	N	TH GRAY STAR STRIP SNIP LR CORNET											
USFR2948	96	N	TH CHESTNUT STAR STRIP SNIP LIP?											
USFR2949	84	N	TH BAY LIP?											
USFR2950	48	F	TH BAY STAR SNIP LIP?											
USFR2951	48	N	TH BAY STAR LIP?											
USFR2952	72	N	TH BAY STAR STRIP LF ANKLE LIP?											
USFR2953	144	N	OH BLACK FAINT STAR LR HEEL											
USFR2954	36	F	OH CHESTNUT STAR STRIP											
USFR2955	48	F	TH CHESTNUT LF CORNET LR SOCK RR SOCK LIP? SCAR LEFT KNEE											
USFR2956	36	F	TH CHESTNUT STAR STRIP SNIP LR SOCK RR SOCK LIP?											
USFR2957	240	F	OH CHESTNUT STAR LR SOCK RR SOCK											
USFR2958	180	N	OH CHESTNUT BLAZE LR ANKLE RR ANKLE											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUL 26,2010

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

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

...FROM VS FORM 17-140

...spond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. (FROM VS FORM 17-140): 1024262

3. PAGE NO. 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E	USFR2959	84	F	TH	BAY	STAR	LF	HEEL	LR	CORNET	RR	CORNET	LIP?		
1849 MARION HARDIN RD	USFR2960	120	M	SN	BAY	LIP?	BRAND?								
LA RUE, OH 43332	USFR2961	180	F	BL	CHESTNUT	STAR	STRIP	SNIP							
	USFR2962	36	F	TH	BAY	STAR	SNIP	RR	ANKLE	LIP?					
	USFR2963	36	F	TH	BLUE	ROAN	STAR	LF	ANKLE	LR	SOCK	RF	ANKLE	RR	ANKLE LIP?
	USFR2964	36	F	TH	BAY	LIP?									
	USFR2965	84	F	TH	BAY	STAR	LIP?								
	USFR2966	144	F	OH	BAY	STAR									
	USFR2967	120	F	OH	CHESTNUT	BLAZE	RR	SOCK	SCARS	ON	HOCKS				
	USFR2968	60	F	CP	RED	ROAN	STAR								
	USFR2969	240	M	SN	BAY	STAR	LR	ANKLE	ROAN	ANKLE					
	USFR2970	144	F	OH	DUN	NO	OTHER	MARKINGS							

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

APPROVED

ORM 17-140a
(2005)

Previous edition may be used.

PART 4 - FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2941	✓						✓					✓			LIP—	
2		2942					✓		✓					✓			LIP—	
3		2943	✓						✓					✓			LIP—	
4		2944					✓		✓							✓	LIP—	
5		2945	✓						✓							✓	LIP—	
6		2946	✓						✓							✓	LIP—	
7		2947		✓					✓							✓		
8		2948					✓		✓							✓	LIP—	
9		2949	✓						✓							✓	LIP—	
10		2950	✓						✓					✓			LIP—	
11		2951	✓						✓							✓	LIP—	
12		2952	✓						✓							✓	LIP—	
13		2953			✓					✓						✓		
14		2954					✓			✓				✓				
15		2955					✓		✓					✓			LIP—	SCAR LEFT KNEE

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

SIGNATURE (b) (6) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2956					✓		✓					✓			LIP –	
17		2957					✓			✓				✓				
18		2958					✓			✓						✓		
19		2959	✓						✓					✓			LIP –	
20		2960	✓										STD			✓	LIP – BRAND –	
21		2961					✓				BELG			✓				
22		2962	✓						✓					✓			LIP –	
23		2963						BLUE ROAN	✓					✓			LIP –	
24		2964	✓						✓					✓			LIP –	
25		2965	✓						✓					✓			LIP –	
26		2966	✓							✓				✓				
27		2967					✓			✓				✓				SCARS ON Hock.
28		2968							RED ROAN				APP	✓				
29		2969	✓										STD			✓		
30		2970						DUN		✓				✓				
31																		
32																		
33																		
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024261

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-26-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN	A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E √	F DATE	G √	H DATE	I VAC	J 1/25	K 1/50	L 1/100	M DATE	N DATE	O DATE
BAUER, FRED E.	USFR2971	36	F	PAINT DUN WHITE BALD											
1849 MARION HARDIN RD	USFR2972	108	F	AS CHESTNUT STAR STRIP SNIP LR CORNET RF SOCK											
LA RUE, OH 43332	USFR2973	120	F	QH CHESTNUT FAINT STAR LR SOCK SCAR RR LEG											
	USFR2974	144	F	SN BAY STAR LF CORNET RF CORNET RR CORNET BRAND WZ150											
	USFR2975	72	N	TH BAY FAINT STAR LF ANKLE LR ANKLE RF ANKLE LIP?											
	USFR2976	120	F	SN CHESTNUT STAR LF ANKLE LR SOCK RR SOCK											
	USFR2977	180	F	SN BLACK LIP?											
	USFR2978	132	F	PAINT BLACK WHITE LF SOCK LR SOCK RF SOCK RR SOCK											
	USFR2979	180	F	QH GRAY NO OTHER MARKINGS											
	USFR2980	120	F	PAINT BLACK WHITE BLAZE											
	USFR2981	180	F	QH BAY STAR SNIP LR SOCK											
	USFR2982	144	F	PAINT CHESTNUT WHITE BALD LF SOCK LR SOCK RR SOCK											
	USFR2983	120	F	SN BAY BRAND RD445 EBK											
	USFR2984	108	F	QH BAY STAR RF ANKLE											
	USFR2985	120	F	QH GRAY SNIP											
	USFR2986	108	N	PAINT DUN WHITE BALD LF SOCK RF SOCK RR SOCK											
	USFR2987	132	N	QH CHESTNUT STAR STRIP SNIP											
	USFR2988	108	N	SN BAY STAR SNIP											
	USFR2989	120	F	QH CHESTNUT STAR											

VALID ONLY IF USDA VETERINARY SEAL APPLIED HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUL 26,2010

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

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

Signature of Endorsing Federal Veterinarian

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140: L024261

PAGE NO. 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E														
1849 MARION HARDIN RD														
LA RUE, OH 43332														
USFR2990	60	F	OH	CHESTNUT STAR STRIP SNIP LR SOCK RF CORNET RR SOCK										
USFR2991	72	F	AP	RED ROAN ROAN STAR LR CORNET RR CORNET										
USFR2992	180	M	SN	BAY STAR LR ANKE RR ANKLE										
USFR2993	60	F	OH	BLACK STAR RR SOCK										
USFR2994	180	M	SN	BLACK LR ANKLE LUMP IN THROAT										
USFR2995	192	M	SN	BLACK BRAND 2R LIP?										
USFR2996	228	F	BL	CHESTNUT BLAZE LR SOCK RF SOCK RR SOCK										
USFR2997	240	F	BL	CHESTNUT STAR STRIP SNIP ROAN ANKLE LF LR ROAN ANKLE RF ROAN ANKLE RR ROAN ANKLE										
USFR2998	180	M	SN	BLACK STAR LR CORNET RR CORNET BRAND 591 LIP?										
USFR2999	36	M	OH	CHESTNUT BLAZE LR SOCK										
USFR3000	84	M	OH	CHESTNUT BLAZE LR SOCK RF CORNET RR ANKLE										

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

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

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

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 395 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2971				DUN WHT							PAINT	✓				
2		2972					✓						SB	✓				
3		2973					✓			✓				✓				SCAR RIGHT REAR LEG
4		2974	✓										STD	✓			BRAND WZ150	
5		2975	✓						✓							✓	LIP—	
6		2976					✓						STD	✓				
7		2977			✓								STD	✓			LIP—	
8		2978				BLK WHT							PAINT	✓				
9		2979		✓						✓				✓				
10		2980				BLK WHT							PAINT	✓				
11		2981	✓							✓				✓				
12		2982				CHESTN WHT							PAINT	✓				
13		2983	✓										STD	✓			BRAND R04YS	
14		2984	✓							✓				✓				
15		2985		✓						✓				✓				

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

SIGNATURE (b) (6) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2986				DUN WHT							PRINT			✓		
17		2987					✓			✓						✓		
18		2988	✓										STD			✓	LIP—	
19		2989					✓			✓				✓				
20		2990					✓			✓				✓				
21		2991						RED ROAN					APP	✓				
22		2992	✓										STD			✓		
23		2993			✓					✓				✓				
24		2994			✓								STD			✓		LUMPEN THROAT
25		2995			✓								STD			✓	BRAND 28 LIP—	
26		2996					✓				BELG			✓				
27		2997					✓				BELG			✓				
28		2998			✓								STD			✓	BRAND591 LIP—	
29		2999					✓			✓					✓			
30		3000					✓			✓						✓		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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45																		

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

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

*U.S. Government Printing Office: 2004—616-624/99766

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: H 52097

3. PAGE NO.: 1 OF

4. DATE ISSUED: 7-15-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E	USFR2671	120	N	OH	CHESTNUT		BLAZE	LF	SOCK	LR	SOCK	RF	SOCK RR	SOCK
1849 MARION HARDIN RD	USFR2672	60	F	TH	GRAY		STAR STRIP	SNIP	LF	CORNET	LR	CORNET RF	CORNET	
LA RUE, OH 43332	USFR2673				RR		ANKLE LIP?							
	USFR2673	36	F	TH	BAY		STAR	LF	CORNET	LR	CORNET	RF	CORNET RR	ANKLE
							LIP?							
	USFR2674	48	F	TH	CHESTNUT		STAR STRIP	SNIP	LF	ANKLE	LR	SOCK		
				RR	CORNET		LIP?							
	USFR2675	60	N	TH	BAY		STAR	LR	SOCK	LIP?				
	USFR2676	36	F	TH	CHESTNUT		STAR STRIP	SNIP	RF	ANKLE	LIP?			
	USFR2677	60	N	TH	BAY		FAINT STAR	LF	CORNET	RR	ANKLE	LIP?		
	USFR2678	72	N	TH	BAY		STAR	LIP?						
	USFR2679	108	N	SN	BAY		STAR	BRAND	TF525					
	USFR2680	84	N	TH	BAY		STAR	LIP?						
	USFR2681	144	N	OH	CHESTNUT		FAINT STAR							
	USFR2682	132	F	OH	CHESTNUT		STAR STRIP	SNIP						
	USFR2683	120	F	AP	GRAY		NO OTHER MARKINGS							
	USFR2684	120	F	AP	GRAY		NO OTHER MARKINGS							
	USFR2685	108	N	PAINT	BAY		WHITE STAR	STRIP	SNIP	LR	SOCK	RR	SOCK	
	USFR2686	144	F	OH	BLUE		ROAN FAINT STAR							

VALID ONLY WHEN 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 diseasa; 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 tha port of export with this certificate.

19. DATE ENDORSED: JUL 15, 2010

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

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC

2. CERTIFICATE NO. FROM VS FORM 17-140: H52097

3. PAGE NO.: 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFR2687	84	F	QH	BAY STAR STRIP SNIP LR ANKLE RR CORNET										
USFR2688	120	F	PAINT	CHESTNUT WHITE BLAZE LR SOCK RR								SOCK SCARLK LEG		
USFR2689	144	M	QH	BAY STAR LR ANKLE										
USFR2690	60	F	QH	CHESTNUT STAR STRIP SNIP LR SOCK RF								ANKLE RR CORNET		
USFR2691	60	F	QH	CHESTNUT STAR STRIP SNIP LR SOCK RR								ANKLE		
USFR2692	72	F	QH	CHESTNUT BLAZE LR SOCK RR ANKLE										
USFR2693	120	F	PAINT	CHESTNUT WHITE BLAZE SCAR ON FOREHEAD										
USFR2694	144	F	QH	PALOMINO BLAZE LR SOCK RF ANKLE RR SOCK										
USFR2695	180	F	SN	BAY NO OTHER MARKINGS										
USFR2696	60	F	TH	BAY STAR LIP?										
USFR2697	48	M	TH	CHESTNUT STAR STRIP LIP?										
USFR2698	72	M	TH	CHESTNUT STAR LIP?										
USFR2699	144	F	SM	BAY BLAZE RF ANKLE BRAND W8577										
USFR2700	120	M	SN	BAY NO OTHER MARKINGS										

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

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO. 0579-0160

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

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses 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	Peny	Other	Mare	Stal	Geld		
1	USFR	2671					✓			✓						✓		
2		2672		✓					✓					✓			LIP–	
3		2673	✓						✓					✓			LIP–	
4		2674					✓		✓					✓			LIP–	
5		2675	✓						✓							✓	LIP–	
6		2676					✓		✓					✓			LIP–	
7		2677	✓						✓							✓	LIP–	
8		2678	✓						✓							✓	LIP–	
9		2679	✓										STO			✓	BRAND T?S25	
10		2680	✓						✓							✓	LIP–	
11		2681					✓			✓						✓		
12		2682					✓			✓				✓				
13		2683		✓									APP	✓				
14		2684		✓									APP	✓				
15		2685				BAY WHT							PINTO			✓		

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

SIGNATURE (b) (6) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	WSFR	2686						BLK ROAN		✓				✓				
17		2687	✓							✓				✓				
18		2688				CHESTN-WHT							PAINT	✓				SCAR LEFT REAR LEG
19		2689	✓							✓						✓		
20		2690					✓			✓				✓				
21		2691					✓			✓				✓				
22		2692					✓			✓				✓				
23		2693				CHESTN WHT							PAINT	✓				SCAR ON FORCHEAD
24		2694						PAL		✓				✓				
25		2695	✓										STO	✓				
26		2696	✓						✓					✓			LIP—	
27		2697					✓		✓							✓	LIP—	
28		2698					✓		✓							✓	LIP—	
29		2699	✓										STO	✓			BRAND W8577	
30		2700	✓										STO			✓		
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

*U.S. Government Printing Office: 2004—616-624/99766

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: H 52095

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-15-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2731	144	F	TH PALOMINO STAR STRIP SNIP											
USFR2732	120	F	PAINT BAY WHITE STAR SNIP LF SOCK LR SOCK RF SOCK RR SOCK SCAR ON NOSE											
USFR2733	180	F	TH DUN STAR BLIND LEFT EYE											
USFR2734	192	F	PE GRAY NO OTHER MARKINGS											
USFR2735	108	F	TH BAY FAINT STAR											
USFR2736	96	F	PAINT CHESTNUT WHITE BALD											
USFR2737	120	F	AB BLACK STAR BRAND?											
USFR2738	180	F	TH BLACK STAR LR ANKLE RR ANKLE LIP? BLIND R EYE											
USFR2739	144	F	TW BLACK STAR											
USFR2740	156	F	TW CHESTNUT STAR STRIP											
USFR2741	168	F	OH CHESTNUT STAR STRIP LF SOCK LR SOCK RR SOCK											
USFR2742	180	F	TH BAY STAR LR CORNET LIP?											
USFR2743	72	N	OH BAY STAR STRIP SNIP											
USFR2744	84	N	TH CHESTNUT BLAZE LR SOCK LRF SOCK RR SOCK LIP?											
USFR2745	120	F	OH BLACK STAR STRIP SNIP											
USFR2746	132	F	OH BAY STAR STRIP SNIP RR ANKLE SCAR LR LEG											
USFR2747	72	N	OH CHESTNUT STAR STRIP SNIP											
USFR2748	144	F	TH CHESTNUT STAR STRIP LR SOCK RR ANKLE LIP? SCAR R EYE											

VALID ONLY WHEN USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUL 15, 2010

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

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52095

3. PAGE NO.: 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
	USFR2749	180	F	OH	BLACK STAR LR CORNET BLIND R EYE										
BAUER, FRED E	USFR2750	120	M	OH	BLACK RR ANKLE										
1849 MARION HARDIN RD	USFR2751	48	M	TH	CHESTNUT STAR STRIP LR SOCK RF SOCK RR SOCK LIP?										
LA RUE, OH 43332	USFR2752	60	M	TH	BAY LIP?										
	USFR2753	72	M	OH	CHESTNUT STAR STRIP SNIP										
	USFR2754	108	F	OH	PALOMINO BLAZE RF ANKLE CROOKED RF LEG										
	USFR2755	120	F	TH	CHESTNUT STAR LR SOCK RR ANKLE LIP?										
	USFR2756	108	F	OH	BAY STAR STRIP LR ANKLE RR ANKLE										
	USFR2757	144	F	SN	BAY STAR LR CORNET LARGE HOCKS										
	USFR2758	84	M	OH	CHESTNUT STAR LF ANKLE RR ANKLE										
	USFR2759	72	M	TH	BAY STAR SNIP RR ANKLE LIP?										
	USFR2760	36	F	TH	BAY LIP?										

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

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

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

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

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

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7049993995

AREA CODE & TELEPHONE NO.: 4507882490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
1	USFR	2731						PAL		X				X				
2		2732				BAY WHT							PAINT	X				SCAR ON NOSE
3		2733						DUN		X				X				BLIND LEFT EYE
4		2734		X							PERCH			X				
5		2735	X							X				X				
6		2736				CHSTN WHT							PAINT	X				
7		2737			X								ARAB	X			BRAND —	
6		2738			X				X					X			LIP —	BLIND RIGHT EYE
9		2739			X								TWH	X				
10		2740					X						TWH	X				
11		2741					X			X				X				
12		2742	X						X					X			LIP —	
13		2743	X							X						X		
14		2744					X		X							X	LIP —	
15		2745			X					X				X				

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

SIGNATURE (b) (6) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2746	✓							✓				✓				SCAR LEFT REAR LEG
17		2747					✓			✓						✓		
18		2748					✓		✓					✓			LIP—	SCAR RIGHT EYE
19		2749			✓					✓				✓				BLIND RIGHT EYE
20		2750			✓					✓						✓		
21		2751					✓		✓							✓	LIP—	
22		2752	✓						✓							✓	LIP—	
23		2753					✓			✓						✓		
24		2754						PAL		✓				✓				CROOKED RIGHT FRONT LEG
25		2755					✓		✓					✓				
26		2756	✓							✓				✓				
27		2757	✓										FID	✓				LARGE HOCKS
28		2758					✓			✓					✓			
29		2759	✓						✓							✓	LIP—	
30		2760	✓						✓					✓			LIP—	
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: H 52096

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-15-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2701	120	F	PAINT CHESTNUT WHITE BALD											
USFR2702	96	F	PAINT BLACK WHITE STAR											
USFR2703	72	F	OH BAY STAR STRIP SNIP LR SOCK									RR SOCK		
USFR2704	60	F	OH WHITE NO OTHER MARKINGS											
USFR2705	60	F	PAINT CHESTNUT WHITE BLAZE LF SOCK LR SOCK											
			RF SOCK RR SOCK SCAR LEFT HIP											
USFR2706	120	F	OH RED ROAN BLAZE LR SOCK RF SOCK RR SOCK											
USFR2707	60	F	OH BAY STAR STRIP LF SOCK RF SOCK RR SOCK											
			SCAR RIGHT SHOULDER											
USFR2708	36	F	OH BAY LR SOCK RR SOCK											
USFR2709	120	F	OH BLACK FAINT STAR LR ANKLE RR ANKLE BRANDS 023 3-											
USFR2710	60	F	OH DUN STAR											
USFR2711	96	F	OH DUN STAR STRIP LR SOCK SCAR LEFT EYE											
USFR2712	120	F	PAINT CHESTNUT WHITE BLAZE BRAND ARROW UP											
USFR2713	240	N	OH PALOMINO STAR SNIP LR SOCK RR SOCK BRAND CURVE											
			OVER 25											
USFR2714	108	N	OH PALOMINO STAR											
USFR2715	120	N	OH BAY STAR											
USFR2716	48	N	OH BAY STAR STRIP SNIP LR SOCK											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUL 15, 2010

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

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140: H52096

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

16. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN														
LA RUE, OH 43332														
USFR2717	48	N	OH	CHESTNUT STAR BRAND HE										
USFR2718	48	N	PAINT CHESTNUT WHITE BALD LR SOCK RF CORNET											
			BRAND DIAMOND BESIDE I WITH CURVE OVER TOP											
USFR2719	84	N	PAINT BAY WHITE BALD LF SOCK LR SOCK RF SOCK RR SOCK											
USFR2720	120	F	OH	BAY STAR LR ANKLE BRAND 527										
USFR2721	84	F	OH	CHESTNUT STAR STRIP SNIP RR SOCK BRAND 722										
USFR2722	144	F	OH	CHESTNUT STAR STRIP BRAND 375										
USFR2723	120	F	OH	CHESTNUT STAR BRAND 108										
USFR2724	132	F	OH	BAY STAR STRIP SNIP BRAND 618										
USFR2725	84	F	OH	CHESTNUT BRAND 115										
USFR2726	48	F	OH	CHESTNUT RR CORNET BRAND 169										
USFR2727	120	F	OH	CHESTNUT STAR STRIP SNIP LF CORNET LR SOCK BRAND 177										
USFR2728	60	F	OH	BAY STAR SNIP LF SOCK LR SOCK RF SOCK BRAND 500										
USFR2729	180	F	OH	RED ROAN STAR STRIP SNIP LF SOCK LR SOCK										
				RR ANKLE BRAND 288										
USFR2730	84	F	OH	CHESTNUT BLAZE LF SOCK LR SOCK RR SOCK BRAND 158										

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

APPROVED

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO.. 0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2701				CHESTN WHT							PAINT	X				
2		2702				BLK WHT							PAINT	X				
3		2703	X							X				X				
4		2704						WHITE		X				X				
5		2705				CHESTN WHT							PAINT	X				SCAR LEFT HIP
6		2706						RED ROAN		X				X				
7		2707	X							X				X				SCAR RIGHT SHOULDER
8		2708	X							X				X				
9		2709			X					X				X			BRANDS 023 3-	
10		2710						DUN		X				X				
11		2711						DUN		X				X				SCAR LEFT EYE
12		2712				CHESTN WHT							PAINT	X			BRAND ↑	
13		2713						PAL		X						X	BRAND 25	
14		2714						PAL		X						X		
15		2715	X							X						X		

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2716	✓							✓						✓		
17		2717					✓			✓						✓	BRAND H Σ	
18		2718				CHESTN WHT							PAINT			✓	BRAND ΔI	
19		2719				BAY WHT							PAINT			✓		
20		2720	✓							✓				✓			BRAND 527	
21		2721					✓			✓				✓			BRAND 722	
22		2722					✓			✓				✓			BRAND 375	
23		2723					✓			✓				✓			BRAND 108	
24		2724	✓							✓				✓			BRAND 618	
25		2725					✓			✓				✓			BRAND 115	
26		2726					✓			✓				✓			BRAND 189	
27		2727					✓			✓				✓			BRAND 177	
28		2728	✓							✓				✓			BRAND 500	
29		2729						RED ROAN		✓				✓			BRAND 238	
30		2730					✓			✓				✓			BRAND 158	
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024254

3. PAGE NO.: 1 OF

4. DATE ISSUED: 07-05-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

PORT OF ENTRY CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

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

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

MODIFIED ACCREDITED AREA (TB)

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
BAUER, FRED E.														
1849 MARION HARDIN RD														
LA RUE, OH 43332														
USFR2491	48	N	TH BAY		STAR RR CORNET LIP?									
USFR2492	72	N	TH BAY		STAR LR HEEL LIP?									
USFR2493	48	F	TH CHESTNUT		STAR STRIP SNIP LR SOCK LIP?									
USFR2494	60	N	TH BLUE ROAN		STAR STRIP SNIP LF HEEL LR ANKLE									
			RR ANKLE LIP?											
USFR2495	96	N	TH BAY		FAINT STAR LR ANKLE RR ANKLEE LIP?									
USFR2496	48	F	TH BAY		BLAZE RR SOCK LIP?									
USFR2497	48	F	TH BAY		LIP?									
USFR2498	204	N	PE BLACK		BLIND LEFT EYE									
USFR2499	228	F	SN BAY		STAR LR SOCK RR ANKLE LIP?									
USFR2500	192	F	SN BAY											
USFR2501	120	F	OH BAY		STAR RF CORNET									
USFR2502	108	F	OH RED		ROAN BLAZE LR SOCK RF ANKLE RR SOCK									
USFR2503	180	N	SN BAY		RR CORNET LIP?									
USFR2504	192	N	BL CHESTNUT		STAR STRIP SNIP									
USFR2505	60	N	OH BLACK											
USFR2506	144	N	SN BAY		STAR BRAND SJ423									
USFR2507	192	N	SN BAY		STAR STRIP LIP?									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUL 6, 2010

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

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0028

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC

2. CERTIFICATE NO. FROM VS FORM 17-140: 5024254

3. PAGE NO.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ___ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) ___

18. INDIVIDUAL IDENTIFICATION

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E	USFR2508	72	F	TH	CHESTNUT STAR STRIP SNIP LR SOCK RR SOCK LIP?										
1849 MARION HARDIN RD	USFR2509	144	F	OH	BAY										
LA RUE, OH 43332	USFR2510	144	M	OH	BAY ROAN STAR STRIP SNIP RR CORNET										
	USFR2511	72	F	OH	PALOMINO BLAZE RF ANKLE										
	USFR2512	48	F	TH	CHESTNUT RF SOCK LIP?										
	USFR2513	132	F	OH	CHESTNUT BLAZE LR ANKLE										
	USFR2514	240	F	SN	BAY STAR LR CORNET LIP?										
	USFR2515	228	F	SN	BAY STAR STRIP SNIP LF ANKLE LR ANKLE RR ANKLE LIP?										
	USFR2516	36	F	TH	BAY FAINT STAR LIP?										
	USFR2517	36	F	TH	CHESTNUT STAR STRIP LR SOCK LIP?										
	USFR2518	60	M	TH	BLACK LR SOCK RF ANKLE RR ANKLE LIP?										
	USFR2519	36	M	TH	BAY LIP?										
	USFR2520	180	F	OH	CHESTNUT BLAZE										

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

APPROVED

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

PART 4 - FIELD STATION

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

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: LAKUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

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

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LAKUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2491	✓						✓							✓	LIP—	
2		2492	✓						✓							✓	LIP—	
3		2493					✓		✓					✓			LIP—	
4		2494						BLUE ROAN	✓							✓	LIP—	
5		2495	✓						✓							✓	LIP—	
6		2496	✓						✓					✓			LIP—	
7		2497	✓						✓					✓			LIP—	
8		2498			✓						PERCH					✓		BLIND LEFT EYE
9		2499	✓										STD	✓			LIP—	
10		2500	✓										STD	✓				
11		2501	✓							✓				✓				
12		2502						RED ROAN		✓				✓				
13		2503	✓										STD			✓	LIP—	
14		2504					✓				BELG					✓		
15		2505			✓					✓						✓		

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

SIGNATU [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	US FR	2506	b										STD			b	BRAND SJ423	
17		2507	b										STD			b	LIP—	
18		2508					b		b					b			LIP—	
19		2509	b							b				b				
20		2510						BAY ROAN		b						b		
21		2511						PAL		b				b				
22		2512					b		b					b			LIP—	
23		2513					b			b				b				
24		2514	b										STD	b			LIP—	
25		2515	b										STD	b			LIP—	
26		2516	b						b					b			LIP—	
27		2517					b		b					b			LIP—	
28		2518			b				b							b	LIP—	
29		2519	b						b						b		LIP—	
30		2520					b			b				b				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024253

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07-05-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2461	96	F	BL CHESTNUT		STAR STRIP SNIP									
USFR2462	180	F	SN BAY		FAINT STAR LF CORNET LR ANKLE RR SOCK LIP?									
USFR2463	240	F	PE GRAY											
USFR2464	144	F	SN BAY		STAR STRIP SNIP LF CORNET RR SOCK BRAND NO112									
USFR2465	180	F	SN BAY		LIP?									
USFR2466	120	N	SN BAY		BRAND W5594									
USFR2467	180	N	MULE CHESTNUT											
USFR2468	144	F	TH BAY		STAR LF CORNET RR SOCK LIP?									
USFR2469	60	F	PAINT RED ROAN WHITE											
USFR2470	192	F	SN BAY		STAR LR ANKLE RR ANKLE LIP?									
USFR2471	180	F	SN BAY		FAINT STAR									
USFR2472	120	N	HAFLINGER CHESTNUT		STAR SNIP									
USFR2473	180	N	SN BAY		STAR RR CORNET BRAND MS373									
USFR2474	168	N	SN BAY		STAR LF ANKLE LR SOCK RR SOCK LIP?									
USFR2475	180	N	OH CHESTNUT		FAINT STAR									
USFR2476	144	N	SN BAY		STAR LF ANKLE LR SOCK RR ANKLE BRAND TG833									
USFR2477	132	F	SN BAY		STAR BRAND R2410									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUL 6, 2010

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

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140: 924253

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E	USFR2478	108	F	TH	BAY STAR LIP?									
1849 MARION HARDIN RD	USFR2479	60	F	OH	CHESTNUT STAR STRIP SNIP LF SOCK LR CORNET									
LARUE, OH 43332	USFR2480	72	F	TH	BAY STAR STRIP SNIP RF CORNET LIP?									
	USFR2481	60	F	OH	CHESTNUT BLAZE LF SOCK LR SOCK RF SOCK RR SOCK									
	USFR2482	120	N	PAINT	CHSETNUT WHITE BLAZE									
	USFR2483	120	F	OH	CHESTNUT STAR									
	USFR2484	72	F	OH	WHITE									
	USFR2485	120	N	OH	CHESTNUT BLAZE LF SOCK LR SOCK RF SOCK RR SOCK									
	USFR2486	132	F	AP	RED ROAN BLAZE LF SOCK LR SOCK RF SOCK RR SOCK									
	USFR2487	60	F	PAINT	CHESTNUT WHITE BLAZE									
	USFR2488	192	N	SN	BAY STAR									
	USFR2489	84	N	OH	DUN LR ANKLE RR CORNET									
	USFR2490	84	N	TH	CHESTNUT LIP?									

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

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

PART 1 - FIELD STATION

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

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

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

FORM APPROVED OMB NO. 0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	2461					X				BELG			X				
2		2462	X										STD	X			LIP—	
3		2463		X							PERCH			X				
4		2464	X										STD	X			BRAND N0112	
5		2465	X										STD	X			LIP—	
6		2466	X										STD			X	BRAND W5594	
7		2467					X						MULE			X		
8		2468	X						X					X			LIP—	
9		2469				PROPOAN WHT							PAINT	X				
10		2470	X										STD	X			LIP—	
11		2471	X										STD	X				
12		2472					X						HAFL			X		
13		2473	X										STD			X	BRAND MS373	
14		2474	X										STD			X	LIP—	
15		2475					X			X						X		

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

SIGNATURE (b) (6) [redacted]

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

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

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	USFR	2476	✓										STD			✓	BRAND TG883	
17		2477	✓										STD	✓			BRAND R2416	
18		2478	✓						✓					✓			LIP—	
19		2479					✓			✓				✓				
20		2480	✓						✓					✓			LIP—	
21		2481					✓			✓				✓				
22		2482				CHSTN WHT							PRINT			✓		
23		2483					✓			✓				✓				
24		2484						WHITE		✓				✓				
25		2485					✓			✓						✓		
26		2486						RED ROAN					ARP	✓				
27		2487				CHSTN WHT							PRINT	✓				
28		2488	✓										STD			✓	LIP—	
29		2489						DUN		✓						✓		
30		2490					✓		✓							✓	LIP—	
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

*U.S. Government Printing Office: 2004—616-624/99766

ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024256

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (Town)
07-08-2010	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD	LA RUE

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

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST — DISEASE / TYPE TEST — DISEASE / TYPE TEST

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR2551	240	F	OH		CHESTNUT		STAR STRIP				LF HEEL	LR CORNET	RR ANKLE	
1849 MARION HARDIN RD				BRAND F OVER L BESIDE N											
LA RUE, OH 43332	USFR2552	120	F	PAINT		CHESTNUT		WHITE BLAZE				LF SOCK	LR SOCK	RF SOCK	
				RR SOCK											
	USFR2553	132	F	AP		RED ROAN		STRIP							
	USFR2554	84	F	PAINT		BLACK		WHITE STRIP				SNIP LF	SOCK LR	SOCK RF	SOCK
				RR SOCK											
	USFR2555	72	F	OH		CHESTNUT		BLAZE LF ANKLE				LR SOCK	RR SOCK		
	USFR2556	48	F	OH		CHESTNUT		STAR STRIP							
	USFR2557	120	F	OH		CHESTNUT		BLAZE LR CORNET				BRAND MH			
	USFR2558	48	F	PAINT		CHESTNUT		WHITE BLAZE				LF SOCK	LR SOCK	RR SOCK	
	USFR2559	120	F	AP		RED ROAN									
	USFR2560	84	F	OH		BAY		STAR STRIP SNIP							
	USFR2561	60	F	OH		DUN		STAR STRIP SNIP				LF HEEL	LR SOCK	RF CORNET	
				RR SOCK											
	USFR2562	72	F	TH		GRAY		LIP?							
	USFR2563	72	F	TH		BAY		LIP?							
	USFR2564	120	F	PAINT		BAY		WHITE BLAZE				RF SOCK	RR SOCK	BRAND U OVER A	
				9179											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUL 8 2010	KEARNS, EARNEST D 7713	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30

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

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

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0040

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140
124256

3. PAGE NO.
2

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFR2565	36	F	OH	CHESTNUT STAR STRIP										
USFR2566	60	F	TH	BAY STAR STRIP SNIP RF CORNET LIP?										
USFR2567	84	F	TH	BAY STAR STRIP SNIP LIP?										
USFR2568	48	F	TH	BAY STAR ROAN NOSE LR SOCK LIP?										
USFR2569	240	F	OH	CHESTNUT STAR STRIP SNIP RF CORNET RR SOCK BRAND CY										
USFR2570	144	F	OH	CHESTNUT STAR STRIP SNIP LR SOCK BRAND U OVER A 9187										
USFR2571	144	F	OH	CHESTNUT STAR STRIP SNIP LR SOCK BRAND U OVER A 416 BRAND LEANING L BACKWARDS 3										
USFR2572	60	N	AB	CHESTNUT STAR STRIP SNIP										
USFR2573	60	F	AB	BAY STAR STRIP SNIP LR SOCK RF SOCK RR SOCK										
USFR2574	72	N	OH	CHESTNUT STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK										
USFR2575	240	N	SN	BAY STAR										
USFR2576	60	N	PAINT	BAY WHITE STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK										
USFR2577	60	N	PAINT	CHESTNUT WHITE BLAZE LF SOCK LR SOCK RF SOCK RR SOCK										
USFR2578	84	N	TH	CHESTNUT STAR STRIP LF CORNET LR SOCK LIP? SCAR LF LEG										
USFR2579	120	N	OH	BAY STAR STRIP SNIP LR SOCK RF SOCK RR SOCK										
USFR2580	60	N	OH	CHESTNUT STAR STRIP SNIP										

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

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

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO. 0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2551					✓			✓				✓			BRAND EN	
2		2552				CHESTN WHT							PAINT	✓				
3		2553						RED ROAN					APP	✓				
4		2554				BLK WHT							PAINT	✓				
5		2555					✓			✓				✓				
6		2556					✓			✓				✓				
7		2557					✓			✓				✓			BRAND M H	
8		2558				CHESTN WHT							PAINT	✓				
9		2559						RED ROAN					APP	✓				
10		2560	✓							✓				✓				
11		2561						DUN		✓				✓				
12		2562		✓					✓					✓			LIP—	
13		2563	✓						✓					✓			LIP—	
14		2564				BAY WHT							PAINT	✓			BRAND W 9178 A	
15		2565					✓			✓				✓				

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

(b) (6)

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2566	✓						✓					✓			LIP—	
17		2567	✓						✓					✓			LIP—	
18		2568	✓						✓					✓			LIP—	
19		2569					✓			✓				✓			BRAND C Y	
20		2570					✓			✓				✓			BRAND W 9187 A	
21		2571					✓			✓				✓			BRANDS W 416 A	✓
22		2572					✓						ARAB			✓		
23		2573	✓										ARAB	✓				
24		2574					✓			✓						✓		
25		2575	✓										STD			✓		
26		2576				BAY WHT							PAINT			✓		
27		2577				CHESTN WHT							PAINT			✓		
28		2578					✓		✓							✓	LIP—	SCAR LEFT FRONT LEG
29		2579	✓							✓						✓		
30		2580					✓			✓						✓		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

*U.S. Government Printing Office: 2004—616-624/99766

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 (Name, Address) BAUER, FRED E.

L02425 02

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
07-08-2010	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD	LA RUE

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

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

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

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

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

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

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

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

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR2521	144	F	QH	BAY										
1849 MARION HARDIN RD	USFR2522	132	F	SN	BAY	STAR		LF HEEL		BRAND	Z3300				
LA RUE, OH 43332	USFR2523	180	F	SN	BAY	LIP?									
	USFR2524	132	N	QH	CHESTNUT	STAR									
	USFR2525	192	F	SN	BAY	LIP?									
	USFR2526	108	F	QH	BAY	FAINT	STAR								
	USFR2527	96	N	QH	GRAY	BLAZE									
	USFR2528	132	F	QH	CHESTNUT	BLAZE		LR	SOCK	RR	SOCK				
	USFR2529	180	F	SN	BAY	CROOKED	LEFT	FRONT	ANKLE						
	USFR2530	120	F	PAINT	CHESTNUT	WHITE		BALD							
	USFR2531	108	F	QH	BLACK										
	USFR2532	60	N	QH	BAY	STAR									
	USFR2533	60	N	QH	BAY										
	USFR2534	60	N	PAINT	GRAY	WHITE	BLAZE								
	USFR2535	72	F	QH	CHESTNUT	STAR		LR	SOCK	RR	CORNET				
	USFR2536	60	N	QH	BLUE	ROAN	STAR	SNIP	RR	SOCK	CROOKED	NOSE			
	USFR2537	168	N	SN	BAY	STAR	LF ANKLE		LR	SOCK	RR	SOCK	LIP?		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUL 8 2010	KEARNS, EARNEST D 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

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

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC

2. CERTIFICATE NO. FROM VS FORM 17-140: L024235

3. PAGE NO.

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

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

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	TYPE TEST	DATE

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

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

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFR2538	120	F	OH	CHESTNUT STAR RR ANKLE										
USFR2539	132	F	OH	BAY STAR SNIP										
USFR2540	108	F	TN	CHESTNUT STAR STRIP SNIP RR CORNET LIP?										
USFR2541	60	F	TN	BAY STAR LIP?										
USFR2542	132	F	TN	CHESTNUT STAR LIP?										
USFR2543	60	N	TN	CHESTNUT STAR LR CORNET LIP?										
USFR2544	60	N	PAINT	CHESTNUT WHITE STAR STRIP SNIP										
USFR2545	120	N	OH	CHESTNUT FAINT STAR LR CORNET										
USFR2546	144	N	OH	GRAY										
USFR2547	156	F	OH	BAY										
USFR2548	132	F	OH	CHESTNUT STAR										
USFR2549	72	F	OH	BLACK STAR SNIP LF CORNET LR CORNET RR SOCK										
USFR2550	144	N	OH	CHESTNUT STAR STRIP SNIP LF SOCK LR SOCK RR ANKLE CROOKED RIGHT FRONT ANKLE										

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

APPROVED

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

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

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

OMB NO. 0579-0160

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

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2521	✓							✓				✓				
2		2522	✓										STD	✓			BRAND Z3300	
3		2523	✓										STD	✓			LIP—	
4		2524					✓			✓						✓		
5		2525	✓										STD	✓			LIP—	
6		2526	✓							✓				✓				
7		2527		✓						✓						✓		
8		2528					✓			✓				✓				
9		2529	✓										STD	✓				CROOKED LEFT FRONT ANKLE
10		2530				CHESTN WHT							PAINT	✓				
11		2531			✓					✓				✓				
12		2532	✓							✓						✓		
13		2533	✓							✓						✓		
14		2534				GRAY WHT							PAINT			✓		
15		2535					✓			✓				✓				

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

(b) (6) [redacted]

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

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

(Please type or print in ink)

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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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2536						BLUE ROAN		✓						✓		CROOKED NOSE
17		2537	✓										STD			✓	LIP—	
18		2538					✓			✓				✓				
19		2539	✓							✓				✓				
20		2540					✓		✓					✓			LIP—	
21		2541	✓						✓					✓			LIP—	
22		2542					✓		✓					✓			LIP—	
23		2543					✓		✓							✓	LIP—	
24		2544				CHESTN WHT							PAINT			✓		
25		2545					✓			✓						✓		
26		2546		✓						✓						✓		
27		2547	✓							✓				✓				
28		2548					✓			✓				✓				
29		2549			✓					✓				✓				
30		2550					✓			✓						✓		CROOKED RIGHT FRONT ANKLE
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.)

VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

BAUER, FRED E.

H 52085

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
7-1-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD	LA RUE

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

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

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

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

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE / TYPE TEST	DISEASE / TYPE TEST	DISEASE / TYPE TEST

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

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

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

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

MODIFIED ACCREDITED AREA (TB)

ID NO. OR DESCRIPTION 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
USFR2401	60	N	AB GRAY		LF ANKLE		LR SOCK		RF ANKLE		RR SOCK			
USFR2402	36	F	TH CHESTNUT		STAR LIP?									
USFR2403	72	F	HAFLINGER CHESTNUT		BLAZE		LR SOCK		RR SOCK					
USFR2404	72	N	PAINT DUN WHITE		BLAZE		LF SOCK		LR SOCK		RF SOCK		RR SOCK	
USFR2405	84	F	AP RED ROAN		STAR STRIP		SNIP		LR SOCK					
USFR2406	36	F	QH CHESTNUT		STAR									
USFR2407	48	N	QH BAY		STAR		LF HEEL							
USFR2408	60	F	QH BAY		RR HEEL									
USFR2409	72	F	PAINT CHESTNUT		WHITE		BALD		LF SOCK		LR SOCK		RR SOCK	
USFR2410	60	N	PAINT RED ROAN		WHITE		BLAZE							
USFR2411	72	N	PAINT BAY		WHITE		STAR							
USFR2412	84	F	QH BLACK		STAR		SNIP		RR ANKLE					
USFR2413	72	N	QH BAY		NO OTHER		MARKINGS							
USFR2414	96	N	QH BAY		STAR									
USFR2415	120	N	QH CHESTNUT		STAR		STRIP		SNIP		LF SOCK		LR SOCK	RF SOCK
					RR SOCK									
USFR2416	48	N	TH BAY		LF HEEL		LIP?							
USFR2417	48	F	QH CHESTNUT		LR ANKLE		RR ANKLE							
USFR2418	96	N	QH CHESTNUT		STAR		STRIP		SNIP					

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUL 01,2010	KEARNS, EARNEST D 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 4 - FIELD STATION

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140: 052085

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR2419	96	N	TH	BAY	LR	CORNET	RF	CORNET	RR	ANKLE	LIP?	BRANDS	
1849 MARION HARDIN RD					17	#	PART	OF	TRIANGLE	WITH	AND	S	INSIDE	
LA RUE, OH 43332	USFR2420	48	F	TH	BAY	STAR	STRIP	SNIP	LF	ANKE	LR	SOCK	RR SOCK	LIP?
	USFR2421	48	F	TH	GRAY	ROAN	STAR	LR	SOCK	RF	ANKLE	RR	SOCK	
	USFR2422	60	F	TH	CHESTNUT	STAR	FAINT	STRIP	LF	HEEL	LR	SOCK	RR CORNET	LIP?
	USFR2423	60	F	TH	BAY	STAR	STRIP	SNIP	LIP?					
	USFR2424	36	F	TH	BLUE	ROAN	STAR	LIP?						
	USFR2425	156	F	SN	BAY	STAR								
	USFR2426	156	N	SN	BAY	BRAND	RA21?							
	USFR2427	180	N	SN	BAY	STAR	SNIP	LR	ANKLE	RR	SOCK			
	USFR2428	192	F	SN	BAY	LIP?								
	USFR2429	144	N	SN	BAY	FAINT	STAR							
	USFR2430	204	F	SN	BAY	ROAN	STRIP							

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

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

PART 4 – FIELD STATION

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2416	✓						✓							✓	LIP—	
17		2417					✓			✓				✓				
18		2418					✓			✓						✓		
19		2419	✓						✓							✓	LIP— BRANDS 17 4	
20		2420	✓						✓					✓			LIP—	
21		2421		✓					✓					✓				
22		2422					✓		✓					✓			LIP—	
23		2423	✓						✓					✓			LIP—	
24		2424						BLUE ROAN	✓					✓			LIP—	
25		2425	✓										STD	✓				
26		2426	✓										STD			✓	BRAND RA217	
27		2427	✓										STD			✓		
28		2428	✓										STD	✓			LIP—	
29		2429	✓										STD			✓		
30		2430	✓										STD	✓				
31																		
32																		
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45																		

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

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

VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

BAUER, FRED E.

H 52086

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
7-1-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

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

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)
VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY	ENTER CODE
CANADA	CA

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

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

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

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

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

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

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

MODIFIED ACCREDITED AREA (TB) — 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
USFR2431	60	F	PAINT CHESTNUT WHITE BALD											
USFR2432	120	F	QH CHESTNUT STAR											
USFR2433	48	F	TH BAY STAR LF CORNET LIP?											
USFR2434	60	F	QH CHESTNUT BLAZE LF SOCK LR SOCK											
USFR2435	48	F	QH GRAY STAR											
USFR2436	240	F	QH BLACK NO OTHER MARKINGS											
USFR2437	108	F	PAINT CHESTNUT WHITE BLAZE LF CORNET RF SOCK RR SOCK											
USFR2438	120	F	QH BAY SCAR L RUMP											
USFR2439	72	F	QH CHESTNUT STAR STRIP SNIP LR SOCK RR SOCK											
USFR2440	72	F	PAINT BAY WHITE STAR STRIP											
USFR2441	60	F	PAINT BLACK WHITE STAR STRIP SNIP											
USFR2442	36	F	QH BLACK STAR											
USFR2443	120	N	AP CHESTNUT WHITE STAR STRIP SNIP RR SOCK											
USFR2444	120	F	QH BAY STAR RF CORNET RR CORNET											
USFR2445	132	F	AP CHESTNUT WHITE STAR STRIP SNIP											
USFR2446	36	F	QH CHESTNUT STAR SNIP LR HEEL											
USFR2447	108	F	AP RED ROAN BLAZE SCAR LR LEG											
USFR2448	132	F	QH BLACK STAR FAINT STRIP LR CORNET RR CORNET											
USFR2449	60	F	QH BAY STAR STRIP SNIP											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUL 01,2010	KEARNS, EARNEST D 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of Issuing Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-[illegible] (MAR 8[illegible]) [illegible] edition may be used.

PART 4 - FIELD STATION

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC

CERTIFICATE NO. FROM VS FORM 17-140: H52086

PAGE NO.: 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR2450	72	F	OH	BLACK BLAZE LF ANKLE LR SOCK RF ANKLE RR SOCK									
1849 MARION HARDIN RD.	USFR2451	84	F	OH	CHESTNUT STAR LR SOCK									
LA RUE, OH 43332	USFR2452	84	F	OH	BLACK STAR STRIP SNIP LF SOCK LR SOCK RR SOCK									
	USFR2453	84	F	OH	CHESTNUT STAR STRIP SNIP LR SOCK RF SOCK RR SOCK									
	USFR2454	96	F	OH	CHESTNUT STAR STRIP SNIP RR ANKLE									
	USFR2455	84	F	OH	BAY STAR LR SOCK RR SOCK									
	USFR2456	96	F	OH	BLACK NO OTHER MARKINGS									
	USFR2457	60	N	OH	DUN BRAND PLUS SIGN ON TOP OF A CIRCLE WITH TWO 90 DEGREE ANGLES ON BOTTOM OF CIRCLE									
	USFR2458	84	N	TH	BAY STAR LIP?									
	USFR2459	48	N	TH	BAY STAR RR SOCK LIP?									
	USFR2460	36	N	TH	BAY STAR STRIP LIP?									

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

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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

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

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

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

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

REA CODE & TELEPHONE NO.: 740 499 3995 | AREA CODE & TELEPHONE NO.: 450 788 2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2431				CHSTN WHT							PAINT	✓				
2		2432					✓			✓				✓				
3		2433	✓						✓					✓			LIP	
4		2434					✓			✓				✓				
5		2435		✓						✓				✓				
6		2436			✓					✓				✓				
7		2437				CHSTN WHT							PAINT	✓				
8		2438	✓							✓				✓				SCAR LEFT RUMP
9		2439					✓			✓				✓				
10		2440				BAY WHT							PAINT	✓				
11		2441				BLK WHT							PAINT	✓				
12		2442			✓					✓				✓				
13		2443						CHSTN WHT					APPI			✓		
14		2444	✓							✓				✓				
15		2445						CHSTN WHT					APP	✓				

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

(b) (6)

SIGNATURE

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: H 52090

3. PAGE NO.

4. DATE ISSUED: 7-19-10

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

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER, FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2851	60	F	PAINT BLACK WHITE STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK											
USFR2852	144	F	QH CHESTNUT STAR STRIP SNIP											
USFR2853	120	F	QH CHESTNUT STAR RR ANKLE											
USFR2854	108	F	QH RED ROAN STAR SNIP LF CORNET LR SOCK RF SOCK RR SOCK											
USFR2855	72	F	PAINT BLACK WHITE BALD											
USFR2856	120	F	QH CHESTNUT STAR STRIP SNIP											
USFR2857	72	F	PAINT CHESTNUT WHITE BLAZE LF SOCK LR SOCK RF SOCK RR SOCK SCAR ON CHEST											
USFR2858	60	F	TH CHESTNUT STAR SNIP LR SOCK LIP?											
USFR2859	120	F	QH CHESTNUT STAR STRIP SNIP											
USFR2860	84	F	QH BAY BLAZE											
USFR2861	48	F	TH BAY LIP?											
USFR2862	120	F	PAINT CHESTNUT WHITE BALD LF SOCK LR SOCK RR SOCK BRAND BACKWARD S WITH AN R											
USFR2863	96	F	PAINT BLACK WHITE BLAZE LF SOCK LR SOCK RF SOCK RR SOCK											
USFR2864	60	F	TH BAY FAINT STAR LIP?											
USFR2865	240	F	BL CHESTNUT BLAZE BRAND 43											
USFR2866	60	F	QH BAY NO OTHER MARKINGS											
USFR2867	144	F	QH DUN BLAZE LR SOCK RF SOCK RR SOCK BRAND 667											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUL 19,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0120.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140
H52090

3. PAGE NO.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2868	132	F	OH	CHESTNUT STAR STRIP SNIP LR CORNET									BRAND 141	
USFR2869	60	F	PAINT	CHESTNUT WHITE BALD										
USFR2870	120	F	OH	BAY STAR STRIP SNIP LR CORNET RF CORNET RR SOCK										
USFR2871	120	F	SN	BAY STAR										
USFR2872	72	F	OH	CHESTNUT BLAZE										
USFR2873	96	F	OH	CHESTNUT STAR										
USFR2874	144	N	OH	BLACK LF CORNET LR SOCK RR SOCK										
USFR2875	120	N	OH	CHESTNUT STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK										
USFR2876	132	N	TH	BAY LIP?										
USFR2877	108	N	OH	CHESTNUT STAR										
USFR2878	36	N	OH	CHESTNUT STAR STRIP SNIP LR SOCK RR ANKLE										
USFR2879	240	N	OH	CHESTNUT STAR STRIP SNIP LR ANKLE RR ANKLE										
USFR2880	60	N	TH	CHESTNUT LIP?										

BAUER, FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION: THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS WHAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, PHYSIQUE OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

APPROVED

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

Number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2851				BLK WHT							PAINT	✓				
2		2852					✓			✓				✓				
3		2853					✓			✓				✓				
4		2854						RED ROAN		✓				✓				
5		2855				BLK WHT							PAINT	✓				
6		2856					✓			✓				✓				
7		2857				CHESTN WHT							PAINT	✓				SCAR ON CHEST
8		2858					✓		✓					✓			LIP—	
9		2859					✓			✓				✓				
10		2860	✓							✓				✓				
11		2861	✓						✓					✓			LIP—	
12		2862				CHESTN WHT							PAINT	✓			BRAND 2R	
13		2863				BLK WHT							PAINT	✓				
14		2864	✓						✓					✓			LIP—	
15		2865					✓				BELG			✓			BRAND 43	

HORSES HA[redacted] CONSECUTIVE
HOURS IMM[redacted]

SIGNATURE[redacted]

(b) (6)

I HEREBY A[redacted]ORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E

2. CERTIFICATE NO.: H 52088

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-19-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 29

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E	USFR2821	84	N	TH	BAY STAR	LR SOCK RR SOCK LIP?								
1849 MARION HARDIN RD	USFR2822	120	F	OH	CHESTNUT STAR STRIP SNIP LR SOCK									
LA RUE, OH 43332	USFR2823	144	F	OH	BAY STAR LF CORNET LR SOCK RR SOCK									
	USFR2824	84	N	PAINT	CHESTNUT WHITE STAR SNIP									
	USFR2825	108	F	OH	CHESTNUT BLAZE									
	USFR2826	48	M	TH	BAY RF ANKLE RR SOCK LIP?									
	USFR2827	36	N	AP	RED ROAN BLAZE									
	USFR2828	144	F	PAINT	CHESTNUT WHITE BLAZE LF SOCK LR SOCK RF SOCK RR SOCK									
	USFR2829	48	F	TH	RED ROAN STAR STRIP SNIP LF SOCK RF ANKLE LIP?									
	USFR2830	84	F	OH	GRAY STAR STRIP SNIP LF ANKLE RF ANKLE RR ANKLE									
	USFR2831	180	N	SN	BAY LF CORNET LR ANKLE RF HEEL RR ANKLE LIP?									
	USFR2832	60	N	TH	BAY STAR LIP?									
	USFR2833	60	F	TH	BAY STAR LR SOCK LIP?									
	USFR2834	48	N	TH	BAY STAR LR ANKLE LIP?									
	USFR2835	144	N	BL	CHESTNUT BLAZE LR SOCK RR SOCK									
	USFR2836	84	N	BL	RED ROAN BLAZE									
	USFR2837	120	F	BL	CHESTNUT STAR STRIP SNIP LARGE LR LEG									
	USFR2838	180	M	PE	BLACK STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUL 19,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140
H52099

3. PAGE NO. 2

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	M	N	O
BAUER, FRED E	USFR2838	84	N	TH	BAY STAR		LR SOCK LIP?							
1849 MARION HARDIN RD	USFR2840	48	N	TH	BAY STAR		STRIP SNIP		LF HEEL			RR CORNET LIP?		
LA RUE, OH 43332	USFR2841	36	F	TH	BAY SCAR		RF ANKLE							
	USFR2842	36	F	TH	BAY STAR		STRIP SNIP		LF SOCK			LR SOCK		
	USFR2843	36	N	TH	CHESTNUT		STAR LF ANKLE					LR ANKLE RF ANKLE		
	USFR2844	108	F	OH	CHESTNUT		STAR STRIP		LR ANKLE			RF SOCK RR SOCK		
							CROOKED LR ANKLE							
	USFR2845	144	F	SM	BAY STAR		LR CORNET		RR HEEL			LARGE HOCKS		
	USFR2846	48	N	TH	BAY STAR		LF SOCK		LR SOCK			RR SOCK LIP?		
	USFR2847	36	F	TH	BAY STAR		STRIP SNIP		LIP?					
	USFR2848	48	F	TH	CHESTNUT		STAR STRIP		SNIP			RF HEEL LIP?		
	USFR2849	48	F	TH	CHESTNUT		BLAZE LF SOCK		LR SOCK			RR SOCK LIP?		
	USFR2850	48	F	TH	BAY STAR		STRIP LIP?							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE(21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

U.S. DEPARTMENT 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 existing and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2821	✓						✓							✓	LIP —	
2		2822					✓			✓				✓				
3		2823	✓							✓				✓				
4		2824				CHESTN WHT							PAINT			✓		
5		2825					✓			✓				✓				
6		2826	✓						✓							✓	LIP —	
7		2827						RED ROAN					APP			✓		
8		2828				CHESTN WHT							PAINT	✓				
9		2829						RED ROAN	✓					✓			LIP —	
10		2830		✓						✓				✓				
11		2831	✓										STO			✓	LIP —	
12		2832	✓						✓							✓	LIP —	
13		2833	✓						✓					✓			LIP —	
14		2834	✓						✓							✓	LIP —	
15		2835					✓				BELG					✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E

2. CERTIFICATE NO.: H 52093

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-19-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

U.S. PORT OF EXIT CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E	USFR2791	120	M	AS	CHESTNUT STAR SNIP LR SOCK RR HEEL										
1849 MARION HARDIN RD	USFR2792	96	N	SN	BAY LR ANKLE RF ANKLE BRAND T8374										
LA RUE, OH 43332	USFR2793	180	F	QH	CHESTNUT STAR STRIP SNIP LR ANKELE RR ANKLE										
	USFR2794	132	N	HAF	LINGER CHESTNUT STAR BLIND L EYE										
	USFR2795	108	N	TH	BAY STAR LIP?										
	USFR2796	120	F	HAF	LINGER CHESTNUT STAR										
	USFR2797	96	N	SN	BAY FAINT STAR GRAY NOSE ALR ANKLE RF CORNET BRAND VA629 SCAR LR LEG										
	USFR2798	108	N	MN	BAY NO OTHER MARKINGS										
	USFR2799	192	F	SN	BAY STAR STRIP SNIP RR SOCK										
	USFR2800	36	F	QH	CHESTNUT STAR LR SOCK RR SOCK										
	USFR2801	120	N	SN	BLACK STAR LR ANKLE RR ANKLE BRAND X8568										
	USFR2802	120	F	SN	BAY BRAND X7994										
	USFR2803	96	F	SN	BLACK STAR BRAND ZG591										
	USFR2804	192	N	SN	BAY STAR LF SOCK LR ANKLE LIP?										
	USFR2805	120	N	SN	BAY BRAND XE593										
	USFR2806	144	N	QH	CHESTNUT STAR										
	USFR2807	72	N	SN	BAY STAR BRAND 4B388										
	USFR2808	180	N	SN	BLACK STAR LR SOCK LIP?										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUL 19,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR-98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: H52093

3. PAGE NO.: 12

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USFR2809	156	N	SN	BAY	STAR	SNIP	RR	HEEL	LIP?				
1849 MARION HARDIN RD	USFR2810	132	N	SN	BAY	STAR	LF	CORNET	LR	SOCK	RR	CORNET	LIP?	
LA RUE, OH 43332	USFR2811	144	N	SN	CHESTNUT	BLAZE	LF	SOCK	LR	SOCK	LIP?			
	USFR2812	180	N	SN	BAY	STAR	LR	ANKLE	RR	ANKLE	SCAR	LF	LEG	
	USFR2813	84	F	SN	BAY	LR	HEEL	BRAND	GAE13					
	USFR2814	168	N	SN	BAY	STAR	LRF	ANKLE	RR	CORNET	BRAND	R9988		
	USFR2815	180	F	OH	CHESTNUT	STAR	STRIP	SNIP	LR	CORNET				
	USFR2816	120	N	OH	CHESTNUT	STAR	STRIP	SNIP	LF	CORNET	LR	SOCK		
	USFR2817	96	N	OH	BAY	SNIP	LR	SOCK	RR	SOCK				
	USFR2818	96	N	PAINT	CHESTNUT	WHITE	BLAZE							
	USFR2819	108	F	OH	BAY	STAR	STRIP	SNIP	LR	CORNET	RR	ANKLE		
	USFR2820	96	M	TH	BAY	STAR	STRIP	SNIP	RR	SOCK	LIP?			

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION: THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH 3. THE ANIMALS , AT THE TIME OF THE INSEPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE RESFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) in this shipment has/HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a *Previous edition may be used.*

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [ ] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2791					✓						SB			✓		
2		2792	✓										STD			✓	BRAND TB374	
3		2793					✓			✓				✓				
4		2794					✓						HAFL			✓		BLIND LEFT EYE
5		2795	✓						✓							✓	LIP—	
6		2796					✓						HAFL	✓				
7		2797	✓										STD			✓	BRAND VA629	SCAR LEFT REAR LEG
8		2798	✓										MORGAN			✓		
9		2799	✓										STD	✓				
10		2800					✓			✓				✓				
11		2801			✓								STD			✓	BRAND X8568	
12		2802	✓										STD	✓			BRAND X7994	
13		2803			✓								STD	✓			BRAND ZG591	
14		2804	✓										STD			✓	LIP—	
15		2805	✓										STD			✓	BRAND XE593	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E

2. CERTIFICATE NO: H 52094

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-19-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER, FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2761	144	F	BL CHESTNUT				STAR STRIP SNIP				LR	ANKLE RR	CORNET	
							BLIND R EYE							
USFR2762	156	N	SN BLACK				FAINT STAR BRAND W9509							
USFR2763	144	N	SN BAY				SMALL STAR BRAND P05A2							
USFR2764	180	N	SN BAY				STAR LR SOCK RR SOCK BRAND ZF917							
USFR2765	120	F	SN BAY				STAR LF ANKLE LR SOCK RF SOCK RR SOCK							
USFR2766	180	F	QH BAY				NO OTHER MARKINGS							
USFR2767	144	F	QH GRAY				NO OTHER MARKINGS							
USFR2768	120	F	QH BAY				LR CORNET RR CORNET							
USFR2769	132	F	PAINT CHESTNUT				WHITE							
USFR2770	192	N	SN BLACK				LR ANKLE RR ANKLE LIP?							
USFR2771	144	F	QH GRAY				NO OTHER MARKINGS							
USFR2772	120	N	MN BLACK				STAR STRIP SNIP LR SOCK RR CORNET							
USFR2773	108	F	QH CHESTNUT				STAR							
USFR2774	108	N	SN BAY				STAR LR SOCK							
USFR2775	120	N	SN BAY				STAR LR CORNET RR ANKLE BRAND T4043							
USFR2776	132	F	SN BLACK				LIP?							
USFR2777	84	F	PAINT GRAY				WHITE BALD							
USFR2778	72	N	QH CHESTNUT				STAR STRIP SNIP LF					CORNET RF ANKLE		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUL 19,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST 0 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (May 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52094

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR2779	84	F	OH	CHESTNUT	NO OTHER MARKINGS									
USFR2780	60	F	PAINT	CHESTNUT	WHITE BLAZE									
USFR2781	240	F	SN	BAY	FAINT STAR BRAND 33 LIP?									
USFR2782	132	F	SN	BAY	STAR STRIP SNIP RR ANKLE SCAR LR LEG									
USFR2783	108	F	OH	DUN	STAR STRIP SNIP LR SOCK									
USFR2784	84	N	OH	BAY	NO OTHER MARKINGS									
USFR2785	84	F	OH	BAY	STAR STRIP SNIP									
USFR2786	48	F	HAFLINGER	CHESTNUT	STAR STRIP SNIP									
USFR2787	72	F	OH	RED ROAN	STAR BRAND CIRCLE WITH TWO RIGHT ANKNGLES UNDER									
USFR2788	72	F	AP	RED ROAN	BLAZE LR SOCK RR ANKLE									
USFR2789	120	N	OH	DUN	STAR STRIP SNIP LF ANKLE LR SOCK RF ANKLE RR SOCK									
USFR2790	36	M	OH	BAY	STAR									

BAUER, FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

[redacted]

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 999 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	2761					✓				BELG			✓				BLIND RIGHT EYE
2		2762			✓								STD			✓	BRAND W9509	
3		2763	✓										STD			✓	BRAND P05A2	
4		2764	✓										STD			✓	BRAND ZF917	
5		2765	✓										STD	✓				
6		2766	✓							✓				✓				
7		2767		✓						✓				✓				
8		2768	✓							✓				✓				
9		2769				CHESTN WHT							PAINT	✓				
10		2770			✓								STD			✓	LIP—	
11		2771		✓						✓				✓				
12		2772			✓								MORGAN			✓		
13		2773					✓			✓				✓				
14		2774	✓										STD			✓		
15		2775	✓										STD			✓	BRAND T4DY3	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024267

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-12-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC 1311	72	M	OH		CHESTNUT STAR RR ANKLE									
1849 MARION HARDIN RD.	USGC 1312	120	F	TH		BAY STAR LR,RR CORNET LIP-----									
LA RUE, OH 43332	USGC 1313	96	F	PAINT		CHESTNUT WHITE BLAZE SNIP BRAND OF SUN 707									
	USGC 1314	144	F	TH		CHESTNUT BLAZE LR,RR SOCKS LIP----									
	USGC 1315	108	F	PAINT		BAY WHITE STAR LR,RR SOCKS BRAND OD SUN 200									
	USGC 1316	144	F	TH		BAY STAR STRIP LR CORNET LIP----									
	USGC 1317	156	F	TH		BAY STAR RR CORNET LIP----									
	USGC 1318	156	F	TH		CHESTNUT STAR STRIP SNIP LIP----									
	USGC 1319	120	F	OH		CHESTNUT BLAZE LR,RF,RR SOCKS									
	USGC 1320	120	F	AP		RED ROAN BLAZE LR,RR SOCKS RF CORNET									
	USGC 1321	144	F	TH		BAY STAR SNIP LR,RR SOCKS RF ANKLE LIP--------									
	USGC 1322	156	F	TH		BAY FAINT STAR LIP-----									
	USGC 1323	120	N	TH		BAY STAR LIP----									
	USGC 1324	180	N	TH		BAY STAR LR ANKLE LIP----									
	USGC 1325	144	F	OH		BLACK STAR STRIP SNIP									
	USGC 1326	156	F	OH		CHESTNUT STAR STRIP SNIP LR SOCK BRAND JAK									
	USGC 1327	180	F	BELGIAN CROSS		BAY STAR STRIP SNIP LF CORNET LR ANKLE									
	USGC 1328	120	N	OH		RED ROAN LF CORNET RR ANKLE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUG 12,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	5976						BLK WHT					APP		✓			
17		5977	✓										STD			✓		
18		5978	✓										STD			✓		
19		5979					✓		✓					✓			LIP—	
20		5980	✓										STD			✓	BRAND YW 551	
21		5981						CHESTN WHT					APP			✓		
22		5982			✓								STD			✓	LIP—	
23		5983	✓										STD			✓		
24		5984					✓						HAFL			✓		
25		5985					✓			✓				✓				
26		5986						BLUE ROAN		✓						✓		
27		5987			✓				✓							✓	LIP—	
28		5806	✓										STD			✓	LIP—	
29		5794	✓						✓					✓			LIP—	
30		5761	✓										STD			✓	LIP—	
31																		
32																		
33		30																
34																		
35																		
36																		
37																		
38																		
39																		
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41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

...is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED / OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.
2. CERTIFICATE NO.: L024782
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-16-11
5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN
6. STATE CODE: 26
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.
8. CONSIGNOR'S CITY (or Town): LA RUE
12. CONSIGNOR'S STATE: OHIO
13. STATE CODE: 39
14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC
DESTINATION COUNTRY: CANADA
ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)
CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC5931	120	F	PAINT CHESTNUT WHITE BLAZE											
1849 MARION HARDIN RD.	USGC5932	180	F	PAINT BLACK WHITE BALD											
LA RUE, OH 43332	USGC5933	108	F	PAINT CHESTNUT WHITE BALD											
	USGC5934	132	F	QH BLACK NO OTHER MARKINGS											
	USGC5935	180	N	QH GRAY NO OTHER MARKINGS											
	USGC5936	120	F	TH CHESTNUT STAR LIP?											
	USGC5937	36	N	QH BAY STAR STRIP LF CORNET LR SOCK RR SOCK											
	USGC5938	108	F	TH BAY LF CORNET LIP?											
	USGC5939	60	N	TH BLACK STAR LIP?											
	USGC5940	84	N	TH BAY STAR SNIP LR ANKLE RR ANKLE LIP?											
	USGC5941	120	F	TH CHESTNUT STAR LIP?											
	USGC5942	156	F	TH CHESTNUT STAR STRIP LF CORNET RR ANKLE LIP?											
	USGC5943	60	F	QH CHESTNUT BLAZE											
	USGC5944	60	N	TH BAY STAR RR SOCK LIP?											
	USGC5945	108	F	QH BLACK RR CORNET BRIND L EYE											
	USGC5946	60	M	QH BAY STAR STRIP LR ANKLE RR ANLE											
	USGC5947	120	F	SN BLACK BRAND?											
	USGC5948	96	F	QH CHESTNUT STAR SNIP LF ANKLE LR SOCK											
	USGC5949	168	F	SN BAY LR CORNET											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 17 2011
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER
25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0747[illegible]

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID ND. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC5950	156	F	SN	BAY	LIP?									
1849 MARION HARDIN RD.	USGC5951	48	N	SN	BAY	LF	CORNET	LR	ANKLE	RF	CORNET	RR ANKLE			
LA RUE, OH 43332	USGC5952	180	N	SN	BAY	STAR	LR CORNET	RR	ANKEL	LIP?					
	USGC5953	120	N	SN	BLACK	STAR	LF CORNET	LR	ANKLE	RR	SOCK	LIP?			
	USGC5954	108	F	SN	BAY	BRAND?									
	USGC5955	120	N	SN	BAY	STAR	SNIP	LR	ANKLE	RR	ANKLE				
	USGC5956	48	N	SN	BAY	LR ANKLE									
	USGC5957	120	N	SN	BAY	STAR	STRIP	SNIP	LR	SOCK	RF ANKLE	RR SOCK			
	USGC5958	120	F	SN	BLACK	BRAND S6119									
	USGC5959	132	F	SN	BLACK	NO OTHER MARKINGS									
	USGC5960	48	N	SN	BAY	STAR	BRAND IEE15								

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION MARION ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses 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	US6C	5931				CHESTN WHT							PAINT	✓				
2		5932				BLK WHT							PAINT	✓				
3		5933				CHESTN WHT							PAINT	✓				
4		5934			✓					✓				✓				
5		5935		✓						✓						✓		
6		5936					✓		✓					✓			LIP—	
7		5937	✓							✓						✓		
8		5938	✓						✓					✓			LIP—	
9		5939			✓				✓							✓	LIP—	
10		5940	✓						✓							✓	LIP—	
11		5941					✓		✓					✓			LIP—	
12		5942					✓		✓					✓			LIP—	
13		5943					✓			✓				✓				
14		5944	✓						✓							✓	LIP—	
15		5945			✓					✓				✓				BLIND LEFT EYE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATUR[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	5946	✓							✓					✓			
17		5947			✓								STO	✓			BRAND —	
18		5948					✓			✓				✓				
19		5949	✓										STO	✓				
20		5950	✓										STO	✓			LIP —	
21		5951	✓										STO			✓		
22		5952	✓										STO			✓	LIP —	
23		5953			✓								STO			✓	LIP —	
24		5954	✓										STO	✓			BRAND —	
25		5955	✓										STO			✓		
26		5956	✓										STO			✓		
27		5957	✓										STO			✓		
28		5958			✓								STO	✓			BRAND SCILP	
29		5959			✓								STO	✓				
30		5960	✓										STO			✓	BRAND LEEL 5	
31																		
32																		
33																		
34		30																
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.)

...(Sec. 2, P.L. 91-171). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED: OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024780

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-14-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC5871	132	N	AP BAY WHITE											
USGC5872	84	F	QH CHESTNUT STAR STRIP SNIP LF SOCK LR SOCK											
USGC5873	132	F	SN BAY LIP?											
USGC5874	96	F	QH CHESTNUT STAR STRIP SNIP LF CORNET LR CORNET RF ANKLE RR ANKLE											
USGC5875	120	F	QH PALOMINO BLAZE RR SOCK											
USGC5876	96	F	PAINT BAY WHITE BLAZE LR SOCK RR SOCK											
USGC5877	276	F	QH BAY STAR STRIP SNIP LR CORNET											
USGC5878	120	F	PAINT BLACK WHITE BALD											
USGC5879	108	F	QH CHESTNUT STAR STRIP SNIP											
USGC5880	132	F	QH CHESTNUT BLAZE LF SOCK LR SOCK											
USGC5881	180	F	QH DUN STRIP LR CORNET											
USGC5882	144	F	SN BAY STAR LIP?											
USGC5883	132	F	QH CHESTNUT STAR STRIP SNIP RR ANLE											
USGC5884	84	N	QH BAY BRANDS 110 NFR AC											
USGC5885	120	N	SN BLACK BRAND?											
USGC5886	120	N	SN CHESTNUT STAR LR CORNET BRAND ECT89											
USGC5887	132	N	PAINT BLACK WHITE STAR LF SOCK RF SOCK RR SOCK											
USGC5888	168	F	BL CHESTNUT BLAZE											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 14 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024786

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER. FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA ———

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGC5889	204	N	SN	BLACK STAR SNIP LIP?										
USGC5890	180	N	SN	BAY BRAND?										
USGC5891	96	N	PAINT	BLACK WHITE LF SOCK RF SOCK RR ANKLE										
USGC5892	108	N	PAINT	BAY WHITE STAR SNIP LF SOCK LR SOCK RF ANKLE RR ANKLE										
USGC5893	180	F	PAINT	CHESTNUT WHITE BALD LF CORNET										
USGC5894	36	F	SN	BAY STAR LR SOCK RR SOCK										
USGC5895	168	N	SN	BAY STAR SNIP BRAND Z6632										
USGC5896	132	N	OH	CHESTNT BLAZE LF SOCK LR SOCK RR SOCK										
USGC5897	144	N	SN	BLACK LR ANKLE RR ANKLE BRAND W6553										
USGC5898	156	F	SN	BAY STAR STRIP SNIP LR CORNET RR CORNET BRAND V4252										
USGC5899	108	F	SN	BLACK STAR LR ANKLE RR HEEL BRAND ZA250										
USGC5900	132	F	SN	BLACK LIP?										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7404993995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Cheetn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	S871						BAY WHT					APP			✓		
2		S872					✓			✓				✓				
3		S873	✓										STD	✓			LIP—	
4		S874					✓			✓				✓				
5		S875						PAL		✓				✓				
6		S876				BAY WHT							PAINT	✓				
7		S877	✓							✓				✓				
8		S878				BLK WHT							PAINT	✓				
9		S879					✓			✓				✓				
10		S880					✓			✓				✓				
11		S881						DUN		✓				✓				
12		S882	✓										STD	✓			LIP—	
13		S883					✓			✓				✓				
14		S884	✓							✓						✓	BRANDS A 110 NFR C	
15		S885			✓								STD			✓	BRAND—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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	USEC	5886					✓						STD			✓	BRAND ECTB9	
17		5887				BLK WHT							PAINT			✓		
18		5888					✓				BEL.G			✓				
19		5889			✓								STD			✓	LIP—	
20		5890	✓										STD			✓	BRAND —	
21		5891				BLK WHT							PAINT			✓		
22		5892				BAY WHT							PAINT			✓		
23		5893				CHESTN WHT							PAINT	✓				
24		5894	✓										STD	✓				
25		5895	✓										STD			✓	BRAND 26632	
26		5896					✓			✓						✓		
27		5897			✓								STD			✓	BRAND W6553	
28		5898	✓										STD	✓			BRAND V4252	
29		5899			✓								STD	✓			BRAND ZA250	
30		5900			✓								STD	✓			LIP—	
31																		
32																		
33		30																
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: I-024784

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-14-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC5901	168	F	SN	BLACK BRAND JA634										
USGC5902	240	N	SN	BAY LIP?										
USGC5903	228	N	SN	BAY LIP?										
USGC5904	60	N	BL	CHESTNUT BLAZE LF SOCK RF SOCK RR SOCK										
USGC5905	144	N	PAINT	CHESTNUT WHITE BLAZE BLIND R EYE										
USGC5906	168	F	SN	BAY STAR SNIP RR ANKLE										
USGC5907	144	F	SN	BLACK BRAND VI912										
USGC5908	204	F	PE	GRAY SNIP										
USGC5909	216	F	PE	GRAY NO OTHER MARKINGS										
USGC5910	156	F	SN	BAY STAR LR CORNET										
USGC5911	168	F	SN	BAY BRAND?										
USGC5912	144	F	SN	BAY LR ANKLE RR ACORNET BRAND VF525										
USGC5913	144	N	SN	BAY BRAND ?										
USGC5914	156	N	SN	BAY STAR STRIP SNIP LR ANKLE RR HEEL BRAND ND547										
USGC5915	168	N	SN	BAY STAR STRIP SNIP RF CORNET BRAND?										
USGC5916	180	F	SN	BAY STAR RR ANKLE BRAND V6853										
USGC5917	120	N	SN	BAY STAR STRIP SNIP LR CORNET										
USGC5918	240	F	SN	BAY BRAND 27 CROOKED L KNEE										
USGC5919	216	N	SN	BLACK LIP? BLIND R EYE										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since lest used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 14 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024784

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC5920	204	F	SN	BAY	STAR		STRIP		SNIP		LF	CORNET RF ANKLE	RR ANKLE	LIP?
1849 MARION HARDIN RD.	USGC5921	204	F	SN	BAY	STAR		STRIP		SNIP		LF	ANKLE LR SOCK	RF ANKLE	
LA RUE, OH 43332	USGC5922	192	N	SN	BAY	STAR		LR SOCK		RF		CORNET	RR SOCK		
	USGC5923	156	F	SN	BAY	STR									
	USGC5924	312	N	SN	BAY	STAR		LR CORNET							
	USGC5925	132	N	SN	BAY	STAR		LR CORNET		RR		CORNET			
	USGC5926	168	N	BL	CHESTNUT			BLAZE		LF		SOCK	LR SOCK	RF SOCK	RR SOCK
	USGC5927	192	F	SN	BLACK	STAR		RR ANKLE							
	USGC5928	180	F	BL	CHESTNUT			BLAZE							
	USGC5929	168	N	SN	BAY			LR ANKLE		RR		CORNET	BRAND?		
	USGC5630	96	M	TH	BAY	STAR		LF CORNET		LR		ANKLE	RF CORNET	RR CORNET	LIP?

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: | DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSELNEUVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	LG6C	5901			x								STD	x			BRAND JA634	
2		5902	x										STD			x	LIP—	
3		5903	x										STD			x	LIP—	
4		5904					x				BELG					x		
5		5905				CHSTN WHT							PAINT			x		BLIND RIGHT EYE
6		5906	x										STD	x				
7		5907			x								STD	x			BRAND V1912	
8		5908		x							PERCH			x				
9		5909		x							PERCH			x				
10		5910	x										STD	x				
11		5911	x										STD	x			BRAND —	
12		5912	x										STD	x			BRAND VF525	
13		5913	x										STD			x	BRAND —	
14		5914	x										STD			x	BRAND N B547	
15		5915	x										STD			x	BRAND —	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	LSGC	5916	b										STO	b			BRAND V6853	
17		5917	b										STO			b		
18		5918	b										STO	b			BRAND 27	CROOKED LEFT KNEE
19		5919			b								STO			b	LIP —	BLIND RIGHT EYE
20		5920	b										STO	b			LIP —	
21		5921	b										STO	b				
22		5922	b										STO			b		
23		5923	b										STO	b				
24		5924	b										STO			b		
25		5925	b										STO			b		
26		5926					b				BELG					b		
27		5927			b								STO	b				
28		5928					b				BELG			b				
29		5929	b										STO			b	BRAND —	
30		5630	b						b						b		LIP —	
31																		
32																		
33		30																
34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

Separate health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024204

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-16-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 25

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2091	180	N	QH		chestnut,blaze,LF,RF,RR sock									
1849 MARION HARDIN RD.	USGC2092	84	F	QH		chestnut,blaze,LF ankle,LR,RR sock									
LA RUE, OH 43332	USGC2093	84	F	QH		black,star,strip,snip,LF,RF ankle,LR sock									
	USGC2094	60	F	PAINT		chestnut/white,bald,LR sock,RR ankle									
	USGC2095	96	F	QH		bay,faint star									
	USGC2096	48	F	PAINT		dun/white,star,strip,snip									
	USGC2097	240	F	PAINT		bay/white,blaze,sock all 4 legs									
	USGC2098	168	F	QH		chestnut,star,strip,snip,RR sock									
	USGC2099	120	F	PAINT		bay/white,blaze,all 4 legs sock									
	USGC2100	48	F	PAINT		chestnut/white,blaze,RF ankle									
	USGC2101	108	F	QH		bay,star									
	USGC2102	96	F	QH		bay,star,LR cornet									
	USGC2103	96	F	QH		bay,star									
	USGC2104	108	F	AP		chestnut/white,blaze,LR,RF,RR sock									
	USGC2105	156	F	QH		chestnut,blaze									
	USGC2106	96	F	QH		bay,star,strip,snip,LF,RF ankle,LR,RR sock									
	USGC2107	60	F	PAINT		dun/white,strip,snip,sock all 4 legs									
	USGC2108	36	F	QH		chestnut,star,strip									
	USGC2109	108	F	QH		chestnut,star,LR cornet									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 16,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: LB24204

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OR OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2110	132	F	PAINT	chestnut/white,bald,sock all 4 legs										
1849 MARION HARDIN RD.	USGC2111	120	F	QH	bay,star,LR,RR ankle										
LA RUE, OH 43332	USGC2112	72	F	PAINT	chestnut/white,bald										
	USGC2113	108	F	PAINT	chestnut/white,bald,LF,LR,RF sock										
	USGC2114	120	M	AP	brown/white,blaze,LF,RF ankle,LR,RR sock										
	USGC2115	36	M	QH	chestnut,star,strip,snip										
	USGC2116	132	M	PAINT	bay/white,star,strip,snip,sock all 4 legs										
	USGC2117	100	M	QH	chestnut,star,LR coronet										
	USGC2118	120	M	QH	chestnut,star										
	USGC2119	132	M	QH	chestnut,star,LR,RR ankle,RF coronet										
	USGC2120	40	M	TN	bay,star,RR coronet,UNRD lip										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: LARUE OHIO BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2091					✓			✓						✓		
2		2092					✓			✓				✓				
3		2093			✓					✓				✓				
4		2094				CHESTN WHT							PAINT	✓				
5		2095	✓							✓				✓				
6		2096				DUN WHT							PAINT	✓				
7		2097				BAY WHT							PAINT	✓				
8		2098					✓			✓				✓				
9		2099				BAY WHT							PAINT	✓				
10		2100				CHESTN WHT							PAINT	✓				
11		2101	✓							✓				✓				
12		2102	✓							✓				✓				
13		2103	✓							✓				✓				
14		2104						CHESTN WHT					APP	✓				
15		2105					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY A[redacted]ATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2106	✓							✓				✓				
17		2107				BLN WHT							PRINT	✓				
18		2108					✓			✓				✓				
19		2109					✓			✓				✓				
20		2110				CHSTN WHT							PRINT	✓				
21		2111	✓							✓				✓				
22		2112				CHSTN WHT							PRINT	✓				
23		2113				CHSTN WHT							PRINT	✓				
24		2114						BLN WHT					APP			✓		
25		2115					✓			✓						✓		
26		2116				BLN WHT							PRINT			✓		
27		2117					✓			✓						✓		
28		2118					✓			✓						✓		
29		2119					✓			✓						✓		
30		2120	✓						✓						✓		LIP—	
31																		
32																		
33		30																
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024908

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-16-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON ,MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2061	72	F	TH		bay,star									
1849 MARION HARDIN RD.	USGC2062	120	F	QH		bay,star,strip,snip,RR cornet									
LA RUE, OH 43332	USGC2063	144	F	QH		black,star									
	USGC2064	72	F	TH		chestnut,star,LR ankle,UNRD lip									
	USGC2065	72	F	TH		chestnut,blaze,LR sock,UNRD lip									
	USGC2066	120	F	QH		dark chestnut,star,strip,snip,RR sock									
	USGC2067	72	F	TH		bay,star,LR,RR cornet,UNRD lip									
	USGC2068	144	F	QH		bay									
	USGC2069	120	F	QH		chestnut,star									
	USGC2070	144	F	TH		chestnut,blaze,LR,RF,RR sock,UNRD lip									
	USGC2071	180	F	QH		bay,star									
	USGC2072	180	F	QH		palomino,star,strip,sock all 4 legs									
	USGC2073	108	F	QH		chestnut,star,strip,snip,LR,RR sock									
	USGC2074	168	M	QH		chestnut,star,strip,snip,LR,RR ankle									
	USGC2075	144	F	TH		bay,star,strip,LR,RR heel,UNRD lip									
	USGC2076	180	F	QH		chestnut,star									
	USGC2077	132	F	QH		bay,star,LR cornet,RR ankle									
	USGC2078	84	F	TH		chestnut,star,LR sock,UNRD lip									
	USGC2079	180	F	QH		dun,blaze,LF ankle,RR sock									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 16,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: L02429

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2080	192	F	QH	black									
1849 MARION HARDIN RD.	USGC2081	72	F	QH	black,star,strip,LF,LR corner,RR ankle									
LA RUE, OH 43332	USGC2082	84	F	TH	bay,star,LF corner,RR ankle,UNRD tip									
	USGC2083	108	F	QH	bay,LF corner									
	USGC2084	84	M	QH	chestnut,blaze,LR,RR sock									
	USGC2085	72	F	QH	bay,star,snip									
	USGC2086	120	F	QH	bay,star									
	USGC2087	132	F	QH	dark chestnut									
	USGC2029	84	M	TH	black,star,LF corner,RF ankle,LR,RR sock,UNRD tip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STAES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT BEING REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARON ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7049995995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2061	✓						✓					✓				
2		2062	✓							✓				✓				
3		2063			✓					✓				✓				
4		2064					✓		✓					✓			LIP—	
5		2065					✓		✓					✓			LIP—	
6		2066					✓			✓				✓				
7		2067	✓						✓					✓			LIP—	
8		2068	✓							✓				✓				
9		2069					✓			✓				✓				
10		2070					✓		✓					✓			LIP—	
11		2071	✓							✓				✓				
12		2072						PAC		✓				✓				
13		2073					✓			✓				✓				
14		2074					✓			✓						✓		
15		2075	✓						✓					✓			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2076					X			X				X				
17		2077	X							X				X				
18		2078					X		X					X			LIP	
19		2079						DUN		X				X				
20		2080			X					X				X				
21		2081			X					X				X				
22		2082	X						X					X			LIP	
23		2083	X							X				X				
24		2084					X			X						X		
25		2085	X							X				X				
26		2086	X							X				X				
27		2087					X			X				X				
28		2029			X				X						X		LIP	
29																		
30		28																
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.
2. CERTIFICATE NO.: L024091
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-16-10
5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN
6. STATE CODE: 26
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.
8. CONSIGNOR'S CITY (or Town): LA RUE
12. CONSIGNOR'S STATE: OHIO
13. STATE CODE: 39
14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC
DESTINATION COUNTRY: CANADA
ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)
CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC2031	120	N	PAINT		black/white,blaze,LF,LR,RR sock									
USGC2032	180	F	TH		chestnut,star,LF cornet,LR,RR sock,RF ankle, UNRD lip									
USGC2033	108	F	TH		chestnut,star,RF ankle,UNRD lip									
USGC2034	60	N	QH		chestnut,star,strip,LR cornet									
USGC2035	132	F	QH		palomino,star									
USGC2036	120	N	QH		chestnut,blaze,LR cornet,LF,RF ankle,RR sock									
USGC2037	132	N	QH		chestnut,star,strip,snip,LF sock,RR cornet									
USGC2038	108	F	QH		chestnut,star,strip,LR ankle									
USGC2039	84	F	AP		chestnut,white									
USGC2040	60	N	TH		black,UNRD lip									
USGC2041	72	F	QH		chestnut,star,strip,snip									
USGC2042	60	N	TH		bay,star,LR ankle,UNRD lip									
USGC2043	48	N	QH		bay,star,snip,RR ankle									
USGC2044	84	F	TH		bay,star,UNRD lip									
USGC2045	60	N	QH		bay,star,strip,snip,LF,RF sock									
USGC2046	144	F	QH		chestnut,star,snip									
USGC2047	84	N	SM		gray,brand Z5635									
USGC2048	180	F	BL		chestnut,blaze									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 16,2010
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accreditad
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER
25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140 | PAGE NO.

APPROVED

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2049	144	N	AP	chestnut/white,blaze,blind R eye									
1849 MARION HARDIN RD.	USGC2050	192	N	BL	chestnut,blaze									
LA RUE, OH 43332	USGC2051	36	N	OH	palomino									
	USGC2052	240	F	OH	black									
	USGC2053	180	N	OH	black,star									
	USGC2054	108	F	OH	chestnut,blaze,,LF,RR corget,LR ankle,RF sock									
	USGC2055	60	F	OH	chestnut,star,strip,snip,LF sock,LR corget									
	USGC2056	72	N	PAINT	bay/white,bald									
	USGC2057	60	N	OH	bay									
	USGC2058	60	F	OH	chestnut,star									
	USGC2059	36	N	OH	bay,star,strip,snip,LF corget,scar RR leg									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORTATION MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.107

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7404993995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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	LISGC	2031				BLK WHT							PAINT			✓		
2		2032					✓		✓					✓			LIP—	
3		2033					✓		✓					✓			LIP—	
4		2034					✓			✓						✓		
5		2035						PAL		✓				✓				
6		2036					✓			✓						✓		
7		2037					✓			✓						✓		
8		2038					✓			✓				✓				
9		2039						CHESTN WHT					APP	✓				
10		2040			✓				✓							✓	LIP—	
11		2041					✓			✓				✓				
12		2042	✓						✓							✓	LIP—	
13		2043	✓							✓						✓		
14		2044	✓						✓					✓			LIP—	
15		2045	✓							✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATUR[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-713-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2046					✓			✓				✓				
17		2047		✓									STO			✓	BRAND Z6635	
18		2048					✓				BEL6			✓				
19		2049						CHESTN WHT					APP			✓		BLIND RIGHT EYE
20		2050					✓				BEL6					✓		
21		2051						PAL		✓						✓		
22		2052			✓					✓				✓				
23		2053			✓					✓						✓		
24		2054					✓			✓				✓				
25		2055					✓			✓				✓				
26		2056				BAY WHT							PAINT			✓		
27		2057	✓							✓						✓		
28		2058					✓			✓				✓				
29		2059	✓							✓						✓		SCAR RIGHT REAR LEG
30		~~2060~~																
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—818-824/99786

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024294

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC2140	158	F	QH		chestnut,star,SF,RR sock									
1849 MARION HARDIN RD.	USGC2141	108	F	QH		bay,star,snip,LR sock,RR ankle									
LA RUE, OH 43332	USGC2142	144	F	SN		bay,star,snip,RR sock/corner									
	USGC2143	36	F	QH		chestnut									
	USGC2144	109	F	QH		blue roan,star,RR corner									
	USGC2145	96	M	PAINT		chestnut/white,star,strip,snip									
	USGC2146	84	F	QH		black,snip,LF,LR,RR sock									
	USGC2147	108	F	QH		black,star,RR corner									
	USGC2148	36	M	TH		bay,UNRG 11,									
	USGC2149	120	F	QH		chestnut,star,blind R eye									
	USGC2150	132	F	TW		chestnut,star									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024203	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
9-20-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
[ ] 48 HRS [ ] 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST
		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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USGC2151	144	F	SN		bay,brand V1903						
USGC2152	120	F	SN		bay,star,snip						
USGC2153	156	F	SN		bay,star,brand TI248						
USGC2154	132	N	SN		bay,UNRD lip						
USGC2155	96	N	TH		bay,star,UNRD lip						
USGC2156	84	N	SN		bay,star,LR heel,RR cornet						
USGC2157	132	N	SN		black,LR,RR heel						
USGC2158	120	F	SN		bay,star,snip,LR cornet						
USGC2159	84	N	OH		black,star						
USGC2160	108	N	SN		bay,faint star,LR ~~ankle~~ DK,sock,RR ankle						
USGC2161	276	N	PAINT		black/white,star,strip,snip,LF,RF sock,LR ankle						
USGC2162	120	F	OH		chestnut,star,strip,snip,LR,RR ankle,brand 488						
USGC2163	132	F	OH		chestnut,star,strip,snip,LR ankle,brand U over A over 619						
USGC2164	48	F	OH		chestnut,star,snip,LR,RR sock						
USGC2165	144	N	PAINT		chestnut/white,bald,LF,LR sock,RF cornet						
USGC2166	72	N	OH		chestnut,star,strip,snip,LR sock,RF ankle						
USGC2167	240	N	OH		chestnut,blaze						
USGC2168	120	N	OH		dun,star						

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
SEP 20 2010	KEARNS, EARNEST D. 7713	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024203

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2169	108	F	DAIRY		chestnut/white,bald,LF,RF ankle,LR,RR sock									
USGC2170	168	F	QH		black									
USGC2171	144	N	AP		chestnut/white,blaze,LR,RF,RR sock									
USGC2172	36	N	QH		chestnut,star,strip,snip,LR ankle,RR corner									
USGC2173	108	F	QH		chestnut,star,strip,snip,sock all 4 legs									
USGC2174	36	N	TH		bay,star,LR ankle,UNRD lip									
USGC2175	180	F	TH		black,star,UNRD lip									
USGC2176	84	N	TH		chestnut,star,strip,snip,UNRD lip									
USGC2177	96	N	TH		black,UNRD lip									
USGC2178	96	N	TH		chestnut,star,UNRD lip									
USGC2179	108	N	TH		black,star,RF heel,UNRD lip									
USGC2180	48	N	TH		bay,LR ankle,UNRD lip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS in this shipment have not been in the states OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024202

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-20-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2181	180	N	PF		black,star,RR cornet									
USGC2182	48	N	PE		black,star									
USGC2183	168	N	BL		chestnut,blaze									
USGC2184	120	F	BL		chestnut,blaze,LR cornet,RF ankle,RR sock,blind L eye									
USGC2185	180	F	BL		chestnut,blaze									
USGC2186	192	F	BL		chestnut,blaze									
USGC2187	120	N	BL		chestnut,blaze									
USGC2188	192	N	SN		bay,brand 162									
USGC2189	180	F	SN		bay,star,RR ankle									
USGC2190	144	F	SN		black,RR ankle,UNRD lip									
USGC2191	192	F	SN		black,star,LF cornet,LR ankle									
USGC2192	60	F	SN		bay									
USGC2193	204	F	SN		bay,LR cornet,RR cornet									
USGC2194	84	M	PE		gray,blaze									
USGC2195	108	F	TH		black,star,strip,snip,RF,RR ankle,UNRD lip									
USGC2196	60	M	TH		chestnut,star,LR cornet,RR ankle,UNRD lip									
USGC2197	84	F	TH		chestnut,star,LR,RR ankle, UNRD lip									
USGC2198	240	F	OH		bay,faint star,RR heel									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 20 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 3027

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024202

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ____ CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC2199	120	F	TH	chestnut,blaze, R,RR ankle,UNRD tip										
1849 MARION HARDIN RD.	USGC2200	180	F	TH	bay,star,UNRD tip										
LA RUE, OH 43332	USGC2201	120	F	OH	chestnut,star										
	USGC2202	144	F	TH	bay,star,ankleLR,UNRD tip										
	USGC2203	48	F	TH	bay,star,UNRD tip										
	USGC2204	132	F	TH	chestnut,star,strip,UNRD tip										
	USGC2205	180	F	TH	bay,star,UNRD tip										
	USGC2206	144	N	SI	black,star,strip,snip,LR,RR sock,RF corner										
	USGC2207	240	F	OH	chestnut,star										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED, MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

(Please type or print in ink)

Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARODIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 993 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2121				CHESTN WHT							PAINT	X				
2		2122					X		X							X	LIP—	
3		2123	X										STD	X			BRAND 7BCB2	
4		2124	X						X					X			LIP—	
5		2125			X								TWH	X				
6		2126						PAL		X				X				
7		2127			X					X				X				
8		2128	X						X					X			LIP—	
9		2129					X						TWH			X		
10		2130			X					X				X				
11		2131	X						X							X	LIP—	
12		2132					X			X						X		
13		2133			X								TWH	X				
14		2134				ROAN WHT							PAINT	X				
15		2135	X						X					X			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]

SIGNATURE[redacted]

I HEREBY A[redacted]MATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST:

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2136					✓		✓					✓			LIP	
17		2137	✓						✓					✓			LIP	
18		2138	✓										STO			✓	LIP	
19		2139	✓						✓							✓	LIP	
20		2140					✓			✓				✓				
21		2141	✓							✓				✓				
22		2142	✓										STO	✓				
23		2143					✓			✓				✓				
24		2144						BLUE ROAN		✓				✓				
25		2145				CHESTN WHT							PAINT			✓		
26		2146			✓					✓				✓				
27		2147			✓					✓				✓				
28		2148	✓						✓						✓		LIP	
29		2149					✓			✓				✓				BLIND RIGHT EYE
30		2150					✓			✓			TWH	✓				
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.)

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2151	✓										STD	✓			BRAND V1903	
2		2152	✓										STD	✓				
3		2153	✓										STD	✓			BRAND T1248	
4		2154	✓										STD			✓	LIP—	
5		2155	✓						✓							✓	LIP—	
6		2156	✓										STD			✓		
7		2157			✓								STD			✓		
8		2158	✓										STD	✓				
9		2159			✓					✓						✓		
10		2160	✓										STD			✓		
11		2161				BLK WHT							PAINT			✓		
12		2162					✓			✓				✓			BRAND 488	
13		2163					✓			✓				✓			BRAND U A 619	
14		2164					✓			✓				✓				
15		2165				CHESTN WHT							PAINT			✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY [redacted] ATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDC	2166					✓			✓						✓		
17		2167					✓			✓						✓		
18		2168						DUN		✓						✓		
19		2169				CHSTN WHT							PAINT	✓				
20		2170			✓					✓				✓				
21		2171						CHSTN WHT					APP			✓		
22		2172					✓			✓						✓		
23		2173					✓			✓				✓				
24		2174	✓						✓							✓	LIP—	
25		2175			✓				✓					✓			LIP—	
26		2176					✓		✓							✓	LIP—	
27		2177			✓				✓							✓	LIP—	
28		2178					✓		✓							✓	LIP—	
29		2179			✓				✓							✓	LIP—	
30		2180	✓						✓							✓	LIP—	
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2181			✓						PERCH					✓		
2		2182			✓						PERCH					✓		
3		2183					✓				BELG					✓		
4		2184					✓				BELG			✓				BLIND LEFT EYE
5		2185					✓				BELG			✓				
6		2186					✓				BELG			✓				
7		2187					✓				BELG					✓		
8		2188	✓										STD			✓	BRAND 162	
9		2189	✓										STD	✓				
10		2190			✓								STD	✓			LIP—	
11		2191			✓								STD			✓		
12		2192	✓										STD	✓				
13		2193	✓										STD	✓				
14		2194		✓							PERCH				✓			
15		2195			✓				✓					✓			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IN (b) (6) [redacted]

SIGNATU[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2196					✓		✓							✓	LIP	
17		2197					✓		✓					✓			LIP	
18		2198	✓							✓				✓				
19		2199					✓		✓					✓			LIP	
20		2200	✓						✓					✓			LIP	
21		2201					✓			✓				✓				
22		2202	✓						✓					✓			LIP	
23		2203	✓						✓					✓			LIP	
24		2204					✓		✓					✓			LIP	
25		2205	✓						✓					✓			LIP	
26		2206			✓						SHIRE					✓		
27		2207					✓			✓				✓				
28		2208																
29		2209																
30		2210																
31																		
32		27																
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024294

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-20-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC2121	108	F	PAINT		chestnut/white,bald,LF,LR,RR sock,RF cornet									
USGC2122	48	N	TH		chestnut,star,LF ankle,LR cornet,UNRD lip									
USGC2123	108	F	SN		bay,star,strip,LR sock,RF ankle,brand 7BC32									
USGC2124	144	F	TH		bay,star,snip,LR,RR roan ankle,UNRD lip									
USGC2125	132	F	TW		black									
USGC2126	108	F	QH		palomino,blaze,LF sock,LR ankle,RF heel,RR cornet									
USGC2127	192	F	QH		black, faint star									
USGC2128	132	F	TH		bay,faint star,UNRD lip									
USGC2129	156	N	TW		chestnut,star,strip,snip,RRsock									
USGC2130	132	F	QH		black,blaze									
USGC2131	48	N	TH		bay,star,LR sock,RR ankle,UNRD lip									
USGC2132	120	N	QH		chestnut,star,strip,LR sock									
USGC2133	96	F	TW		black,bald,LR,RF,RR sock									
USGC2134	192	F	PAINT		roan/white,bald,LR,RR sock,RF ankle									
USGC2135	108	F	TH		bay,star,strip,snip,LR,RF,RR ankle,UNRD lip									
USGC2136	84	F	TH		chestnut,star,strip,snip,LR ankle,UNRD lip									
USGC2137	204	F	TH		bay,star,snip,UNRD lip									
USGC2138	192	N	SN		bay,star,UNRD lip									
USGC2139	156	N	TH		bay,star,UNRD lip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 20 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: 1024297

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-13-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39 +

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1971	132	F	TH		bay,star,LF heel,RF ankle,UNRD lip									
1849 MARION HARDIN RD.	USGC1972	120	F	TH		bay,star,LR,RR sock,UNRD lip									
LA RUE, OH 43332	USGC1973	132	N	SN		bay,star,brand VE660									
	USGC1974	180	N	SN		bay,RR ankle,brand R8149									
	USGC1975	60	F	TH		bay,UNRD lip									
	USGC1976	120	N	SN		bay,star,RF ankle,UNRD lip									
	USGC1977	252	N	SN		black,star,LR cornet,UNRD lip									
	USGC1978	144	N	SN		bay,brand X5301									
	USGC1979	240	N	BL		chestnut,blaze,									
	USGC1980	96	N	SN		bay,star,RR cornet,brand Z5946									
	USGC1981	144	N	SN		bay,UNRD lip									
	USGC1982	120	F	BL		chestnut,star,strip,snip									
	USGC1983	120	F	SN		bay,									
	USGC1984	72	N	SN		bay,brand Z0455									
	USGC1985	336	N	SN		black,faint star,UNRD lip									
	USGC1986	180	N	SN		chestnut,star,strip,snip,LF,RF cornet,LR sock,RR ankle,~~URD~~UNRD lip									
	USGC1987	192	N	AP		red roan,blaze									
	USGC1988	108	N	OH		chestnut,star,strip,LR cornet									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 13,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: U024297

3. PAGE NO.: 31

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	M	N	O
BAUER, FRED E.	USGC1989	84	F	TH	black,UNRD lip									
1849 MARION HARDIN RD.	USGC1990	216	N	OH	gray,strip,snip									
LA RUE, OH 43332	USGC1991	108	N	SN	bay,brand W2390									
	USGC1992	48	M	TH	bay,star,RF ankle,UNRD lip									
	USGC1993	48	F	TH	black,UNRD lip									
	USGC1994	96	N	TH	black,star,LR ankle,RR heel,UNRD lip									
	USGC1995	84	F	TH	bay,star,snip,RR ankle,UNRD lip									
	USGC1996	84	N	TH	bay,star,LF corner,RF ankle,UNRD lip									
	USGC1997	72	F	TH	bay,star,LR,RR ankle,UNRD lip									
	USGC1998	48	F	TH	bay,faint star,RR heel,UNRD lip									
	USGC1999	48	F	TH	black,UNRD lip									
	USGC2000	84	N	TH	chestnut,star,strip,snip,UNRD lip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT NOT BE ELIGIBLE FOR ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE IS AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION NARODIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE, OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1971	✓						✓					✓			LIP –	
2		1972	✓						✓					✓			LIP –	
3		1973	✓										STD			✓	BRAND VE660	
4		1974	✓										STD			✓	BRAND R8149	
5		1975	✓						✓					✓			LIP –	
6		1976	✓										STD			✓	LIP –	
7		1977			✓								STD			✓	LIP –	
8		1978	✓										STD			✓	BRAND X5301	
9		1979					✓				BELG					✓		
10		1980	✓										STD			✓	BRAND Z5946	
11		1981	✓										STD			✓	LIP –	
12		1982					✓				BELG			✓				
13		1983	✓										STD	✓				
14		1984	✓										STD			✓	BRAND Z0465	
15		1985			✓								STD			✓	LIP –	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FORM APPROVED. OMB NO. 0579-0020 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L02A099

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-13-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1941	144	F	OH	bay,star,strip,snip,RF ankle,LR,RR sock									
1849 MARION HARDIN RD.	USGC1942	48	N	OH	bay,star,LR ankle									
LA RUE, OH 43332	USGC1943	204	N	HAFLINGER	chestnut,blaze,LR,RR sock									
	USGC1944	216	N	HAFLINGER	chestnut,blaze									
	USGC1945	72	N	OH	black,star									
	USGC1946	72	F	OH	cream,star									
	USGC1947	120	F	OH	chestnut,blaze,LR ankle									
	USGC1948	108	N	AP	chestnut/white,star,strip,snip									
	USGC1949	120	F	OH	chestnut,star,strip,snip,LF ankle,RR cornet,LR, RF sock									
	USGC1950	50	N	OH	chestnut,blaze,LR cornet									
	USGC1951	204	N	HAFLINGER	chestnut,strip									
	USGC1952	144	F	OH	chestnut,blaze,LF sock,RR cornet,LR,RF ankle									
	USGC1953	24	F	PAINT	chestnut/white,blaze,LR,RF,RR sock									
	USGC1954	144	F	OH	chestnut,blaze,sock all 4 legs									
	USGC1955	120	F	OH	chestnut,LR cornet,RR ankle									
	USGC1956	132	F	OH	bay,star,snip,LR ankle									
	USGC1957	156	N	SN	bay,star,strip,snip,LF ankle,LR,RF,RR sock									
	USGC1958	120	F	OH	black,star									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 13,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN Owner's name *(Last name, two initials, & business name)* Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION: ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA: DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC1959	108	N	OH	chestnut,blaze,RF cornet										
1849 MARION HARDIN RD.	USGC1960	132	F	OH	chestnut,star,snip,LF sock										
LA RUE, OH 43332	USGC1961	144	N	OH	chestnut,star,strip,LR sock										
	USGC1962	48	M	OH	bay,LR cornet										
	USGC1963	180	F	OH	palomino,blaze,LR ankle,RR sock										
	USGC1964	132	F	OH	chestnut,star,strip,snip										
	USGC1965	72	F	OH	bay,star,strip,snip,RF ankle,LR,RR sock										
	USGC1966	36	F	OH	chestnut,blaze										
	USGC1967	168	F	BL	chestnut,star,strip,RR sock										
	USGC1968	180	F	MULE	chestnut,roan face										
	USGC1969	192	F	MULE	black										
	USGC1970	84	F	OH	palomino,star,RR ankle										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE EXHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET: BALER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BALER | CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD | STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332 | CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7404993995 | AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	1941	✓							✓				✓				
2		1942	✓							✓						✓		
3		1943					✓						HAFL			✓		
4		1944					✓						HAFL			✓		
5		1945			✓					✓						✓		
6		1946						CREAM		✓				✓				
7		1947					✓			✓				✓				
8		1948						CHESTN WHT.					APP			✓		
9		1949					✓			✓				✓				
10		1950					✓			✓						✓		
11		1951					✓						HAFL			✓		
12		1952					✓			✓				✓				
13		1953				CHESTN WHT							PAINT	✓				
14		1954					✓			✓				✓				
15		1955					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024296

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-13-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTRY CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2001	120	F	QH		chestnut,star,snip,LR ankle,blind L eye									
1849 MARION HARDIN RD.	USGC2002	60	N	QH		bay,star									
LA RUE, OH 43332	USGC2003	84	N	QH		chestnut,LR ankle									
	USGC2004	60	F	PAINT		black/white,star,strip,brand LB									
	USGC2005	120	N	SN		bay,LF cornet,LR,RR ankle,brand RM620									
	USGC2006	84	F	SN		bay,faint star,LR,RR ankle,brand 4AE08									
	USGC2007	192	N	QH		black,star,snip,LR ankle									
	USGC2008	120	N	QH		chestnut,star,strip,snip									
	USGC2009	84	F	QH		chestnut,blaze,sock all 4 legs									
	USGC2010	108	F	QH		chestnut,star,strip,snip,LR sock									
	USGC2011	72	N	SN		bay,star,snip									
	USGC2012	144	F	SN		bay,star									
	USGC2013	120	N	AP		red roan,roan star									
	USGC2014	108	F	QH		bay,star,snip,LR coronet,RR ankle									
	USGC2015	120	N	SN		bay,star									
	USGC2016	144	N	SN		bay,UNRD lip									
	USGC2017	120	N	SN		black,brand ZN565									
	USGC2018	180	N	SN		black,star,LR ankle,brand 38450									
	USGC2019	168	N	SN		bay,LR,RR ankle,RF cornet,brand S1200									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 13,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART A - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024296

3. PAGE NO.: 2

18. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E.	USGC2020	120	F	TH	chestnut,star,strip,snip,LF ankle,RR cornet,UNRD lip										
1849 MARION WARDIN RD.	USGC2021	48	M	OH	chestnut,star,strip,snip,LR,RR sock										
LA RUE, OH 43332	USGC2022	108	F	OH	chestnut,star,strip,snip,LF,LR,RR sock										
	USGC2023	76	F	OH	chestnut,star,strip										
	USGC2024	36	M	FAINT	chestnut/white,star,snip,sock all 4 legs										
	USGC2025	60	M	TH	chestnut,UNRD lip										
	USGC2026	60	M	TH	black,UNRD lip										
	USGC2027	60	M	TH	chestnut,LR cornet,RR ankle,UNRD lip										
	USGC2028	72	M	TH	bay,star,UNRD lip										
	USGC2029	84	M	TH	black,star,LF cornet,RF ankle,LR,RR sock,UNRD lip										
	USGC2030	120	F	SH	bay,faint star,brand XB712										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRNANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DATE OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LAKUE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARO IN ROAD	STREET ADDRESS: 525 RUE ROYALE CP101
CITY, STATE, ZIP CODE: LAKUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0GIK0
AREA CODE & TELEPHONE NO.: 7049993995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	LNGC	2001					✓			✓				✓				BLIND LEFT EYE
2		2002	✓							✓						✓		
3		2003					✓			✓						✓		
4		2004				BLK WHT							PRINT	✓			BRAND LB	
5		2005	✓										STD			✓	BRAND RM 620	
6		2006	✓										STD	✓			BRAND 4AE08	
7		2007			✓					✓						✓		
8		2008					✓			✓						✓		
9		2009					✓			✓				✓				
10		2010					✓			✓				✓				
11		2011	✓										STD			✓		
12		2012	✓										STD	✓				
13		2013						RED ROAN					APP			✓		
14		2014	✓							✓				✓				
15		2015	✓										STD			✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIAT[redacted] (b) (6)

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

PART 1 - INSPECTOR

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): BAUER, FRED E.

2. CERTIFICATE NO.: L024289

3. PAGE NO.:

4. DATE ISSUED: 9-9-10

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (*or Town*): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (*"X" if yes*): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): VIANDE RICHELIEU INC. 595 Rue ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1911	180	N	PE		black,star									
1849 MARION HARDIN RD.	USGC1912	240	F	QH		bay									
LA RUE, OH 43332	USGC1913	192	N	QH		black,star									
	USGC1914	60	F	TH		bay,LR ~~cornc~~cornet, UNRD lip									
	USGC1915	144	F	SN		bay,LR cornet,brand W9786									
	USGC1916	120	F	TH		black,star,UNRD lip									
	USGC1917	120	N	QH		chestnut,blaze,LF,RR sock,LR ankle,RF cornet									
	USGC1~~8~~918	144	N	TH		chestnut,star,LF,RF cornet,LR sock,UNRD lip									
	USGC1919	72	N	TH		chestnut,star,strip,snip,LF ankle,LR sock,RR cornet,UNRD lip									
	USGC1920	36	F	TH		chestnut,star,strip,snip,UNRD lip									
	USGC1921	36	F	TH		bay,star,strip,LF,LR,RR sock,RF ankle,UNRD lip									
	USGC1922	120	F	QH		chestnut									
	USGC1923	108	F	QH		chestnut,star,strip,snip,LR,RR ankle									
	USGC1924	84	F	QH		chestnut,star									
	USGC1925	60	F	QH		bay,star,LR ankle									
	USGC1926	72	N	QH		bay									
	USGC1927	108	N	QH		palomino,star,snip,LR cornet,RF ankle									
	USGC1928	144	N	SN		bay,star,LR ankle,UNRD lip,scar RF leg									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 9 2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024289

3. PAGE NO: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC1929	276	F	TH		chestnut,star,strip,snip,RR sock,UNRD tip									
1849 MARION HARDIN RD.	USGC1930	60	F	TH		chestnut,star,strip,snip,LR ankle,RR corner,UNRD tip									
LA RUE, OH 43332	USGC1931	60	F	TH		chestnut,star,snip,LR sock,UNRD tip									
	USGC1932	144	F	TH		black,star,UNRD tip									
	USGC1933	120	F	TH		bay,LR sock,UNRD tip									
	USGC1934	24	N	TH		bay,star,strip,RF heel,RR ankle									
	USGC1935	84	N	TH		bay,star,snip,LR ankle,UNRD tip									
	USGC1936	48	N	TH		bay,star,RR corner,UNRD tip									
	USGC1937	240	F	TH		bay,star,snip,LR,RR ankle,UNRD tip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	A11			✓						PERCH					✓		
2		1912	✓							✓				✓				
3		1913			✓					✓						✓		
4		1914	✓						✓					✓			LIP—	
5		1915	✓										STD	✓			BRAND W9786	
6		1916			✓				✓					✓			LIP—	
7		1917					✓			✓						✓		
8		1918					✓		✓							✓	LIP—	
9		1919					✓		✓							✓	LIP—	
10		1920					✓		✓					✓			LIP—	
11		1921	✓						✓					✓			LIP—	
12		1922					✓			✓				✓				
13		1923					✓			✓				✓				
14		1924					✓			✓				✓				
15		1925	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted] (b) (6)

SIGNATURE[redacted]

I HEREBY [redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024300

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-23-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC 595 RDE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

BAUER, FRED E.	ID NO. OR DESCRIPTION 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
1849 MARION HARDIN RD.	USGC2211	120	M	OH CHESTNUT			STAR STRIP LR ANKLE								
LA RUE, OH 43332	USGC2212	180	F	PAINT BLACK			WHITE STAR LF SOCK						LR SOCK	RF SOCK	
				RR SOCK			BLIND LEFT EYE								
	USGC2213	144	N	AP RED ROAN			BLIND R EYE								
	USGC2214	96	F	OH GRAY STAR			SNIP RR SOCK								
	USGC2215	144	N	OH BAY STAR											
	USGC2216	84	N	TH CHESTNUT			STAR STRIP SNIP LIP?								
	USGC2217	108	N	PAINT BAY			WHITE STAR LF SOCK LR SOCK RF SOCK RR SOCK								
	USGC2218	144	N	OH BAY STAR			SNIP LR SOCK RR ANKLE								
	USGC2219	180	N	OH CHESTNUT			STAR STRIP SNIP LF SOCK LR SOCK RR SOCK								
	USGC2220	192	F	OH BLACK STAR											
	USGC2221	144	F	SN BAY STAR			LIP?								
	USGC2222	180	F	SN BAY STAR			STRIP RR SOCK LIP?								
	USGC2223	72	F	MAFLINGER CHESTNUT			BLAZE LR ANKLE RR ANKLE								
	USGC2224	84	F	OH CHESTNUT			STAR								
	USGC2225	120	F	OH RED ROAN			STAR								
	USGC2226	144	F	OH BAY			STAR								
	USGC2227	180	N	OH CHESTNUT			BLAZE								
	USGC2228	192	N	OH BLACK STAR											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 23,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS , EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR/98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140 | PAGE NO.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initiels, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (T8) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2225	48	F	OH	CHESTNUT	STAR	LF	CORNET			LR	SOCK RR	SOCK	
1849 MARION HARDIN RD.	USGC2230	84	F	PAINT	CHESTNUT	WHITE	BALD	RF	SOCK RR	SOCK				
LA RUE, OH 43332	USGC2231	120	F	AP	CHESTNUT	WHITE	STAR	STRIP						
	USGC2232	180	F	OH	CHESTNUT	STAR	STRIP	SNIP	RR	SOCK	BRAND S			
	USGC2233	84	M	OH	CHESTNUT	STAR	STRIP	SNIP	LF	SOCK	RF	CORNET	RR	SOCK
	USGC2234	108	F	SN	BLACK	STAR	BRAND	VB122						
	USGC2235	144	F	SN	BAY	FAINT	STAR	BRAND	Z4L07					
	USGC2236	120	F	OH	BAY	STRIP	SNIP	LF	ANKLE	LR	SOCK RR	SOCK		
	USGC2237	132	M	SN	BAY	SNIP	RR	CORNET						
	USGC2238	120	F	SN	BAY	STAR	STRIP	BRAND	WF115					
	USGC2239	60	F	TH	BAY	STAR	STRIP	LIP?						
	USGC2240	60	M	TH	BAY	STAR	STRIP	SNIP	LR	ANKLE	RR	CORNET	LIP?	

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE [illegible] THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE [illegible] 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHECIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC, J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 882 4900

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2211					✓			✓					✓			
2		2212				RED WHT							PAINT	✓				BLIND LEFT EYE
3		2213						RED ROAN					APP			✓		BLIND RIGHT EYE
4		2214		✓						✓				✓				
5		2215	✓							✓						✓		
6		2216					✓		✓							✓	CIP—	
7		2217				BAY WHT							PAINT			✓		
8		2218	✓							✓						✓		
9		2219					✓			✓						✓		
10		2220			✓					✓				✓				
11		2221	✓										STD	✓			CIP—	
12		2222	✓										STD	✓			CIP—	
13		2223					✓						HAFL	✓				
14		2224					✓			✓				✓				
15		2225						RED ROAN		✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME [redacted] (b) (6)

SIGNATURE [redacted]

I HEREBY AL [redacted] RMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2226	✓							✓				✓				
17		2227					✓			✓						✓		
18		2228			✓					✓						✓		
19		2229					✓			✓				✓				
20		2230				CHESTN WHT							PAINTD	✓				
21		2231						CHESTN WHT					APP	✓				
22		2232					✓			✓				✓			BRAND S	
23		2233					✓			✓						✓		
24		2234			✓								STD	✓			BRAND V B122	
25		2235	✓										STD	✓			BRAND Z4L07	
26		2236	✓							✓				✓				
27		2237	✓										STD			✓		
28		2238	✓										STD	✓			BRAND WF115	
29		2239	✓						✓					✓			LIP	
30		2240	✓						✓							✓	LIP	
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
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41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024201

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-23-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 3931

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specity)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

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
USGC 2271	120	F	OH CHESTNUT BLAZE RR SOCKS											
USGC 2272	132	F	PAINT OHN WHITE SNIP LF,LR,RF,RR SOCKS											
USGC 2273	108	N	OH CHESNUT STAR LF CORNET LR,RF,RR ANKLE											
USGC 2274	144	F	OH BAY											
USGC 2275	108	N	PAINT BLACK WHITE STAR STRIP LF,LR,RF,RR SOCKS											
USGC 2276	72	N	OH CHESNUT BLAZE LR,RR SOCKS											
USGC 2277	72	F	SM BAY STAR RR ANKLE											
USGC 2278	60	F	OH BAY STAR STRIP RR CORNET											
USGC 2279	180	N	TH CHESNUT STAR STRIP SNIP LF,LR,RF SOCK LIP----											
USGC 2280	144	F	OH CHESNUT STAR STRIP SNIP											
USGC 2281	180	F	OH BAY STAR SNIP											
USGC 2282	120	N	OH BAY RR CORNET											
USGC 2283	68	F	OH CHESNUT BLAZE LR RR ANKLE											
USGC 2284	144	F	OH CHESTNUT STAR SNIP											
USGC 2285	180	F	OH BAY STAR SNIP RR CORNET BLIND RIGHT EYE											
USGC 2286	144	F	PAINT PAL WHITE BLAZE LFLRRFRR ~~COSKC~~ SOCKS											
USGC 2287	180	N	OH BAY STAR RR ANKLE											
USGC 2288	144	F	OH BLACK LR ANKLE RR CORNET											
USGC 2289	190	F	SM BLACK											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 23,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian:

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN:

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

2. CERTIFICATE NO. (FROM VS FORM 17-140) 024201

3. PAGE NO. 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC 2290	192	F	PE	BLACK STAR SNIP ORD18 BRAND									
1849 MARION HARDIN RD.	USGC 2291	144	F	SN	BAY STAR SNIP LR CORNET									
LA RUE, OH 43332	USGC 2292	48	F	OH	CHESTNUT BLAZE LF CORNET RR SOCK									
	USGC 2293	180	F	SN	BLACK RR ANKLE ST642 BRAND									
	USGC 2294	107	F	OH	CHESTNUT BLAZE RF CORNSOCK RR CORNET STAR WITH ARROW BRAND									
	USGC 2295	120	F	OH	BAY STAR STRIP SNIP LR RR SOCKS									
	USGC 2296	72	F	PAINT	CHESTNUT WHITE BLAZE									
	USGC 2297	120	F	OH	BLACK STAR SNIP									
	USGC 2298	192	F	OH	BAY STAR SNIP LF RF ANKLE LR RR SOCKS									
	USGC 2299	120	N	TH	BLACK LR CORNET LIP									
	USGC 2300	108	F	OH	BAY STAR									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION, THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. fit to be transported means that, on the day of inspection, no ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

DVM

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUE VILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2271					✓			✓				✓				
2		2272				OLD WHT							PAINT	✓				
3		2273					✓			✓						✓		
4		2274	✓							✓				✓				
5		2275				BLE WHT							PAINT			✓		
6		2276					✓			✓						✓		
7		2277	✓										STD	✓				
8		2278	✓							✓				✓				
9		2279					✓		✓							✓	CIP—	
10		2280					✓			✓				✓				
11		2281	✓							✓				✓				
12		2282	✓							✓						✓		
13		2283					✓			✓				✓				
14		2284					✓			✓				✓				
15		2285	✓							✓				✓				BLIND RIGHT EYE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted]

I HEREBY AU[redacted]ORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2286				PAL WHT							PAINT	✓				
17		2287	✓							✓						✓		
18		2288			✓					✓				✓				
19		2289			✓								STD	✓				
20		2290			✓						PERCH			✓			BRAND DR 018	
21		2291	✓										STD	✓				
22		2292					✓			✓				✓				
23		2293			✓								STD	✓			BRAND S1642	
24		2294					✓			✓				✓			BRAND	
25		2295	✓							✓				✓				
26		2296				CHESTN WHT							PAINT	✓				
27		2297			✓					✓				✓				
28		2298	✓							✓				✓				
29		2299			✓				✓							✓	LIP—	
30		2300	✓							✓				✓				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024295

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-23-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGC 2241	84	F	OH	BLACK STAR										
USGC 2242	84	F	TH	BLACK STAR LR,RR CORNETS								LIP----		
USGC 2243	96	F	OH	BAY SNIP										
USGC 2244	48	F	OH	BAY STAR										
USGC 2245	98	F	OH	BAY STAR STRIP SNIP LR CORNET RR SOCK										
USGC 2246	48	F	OH	BAY										
USGC 2247	144	F	PAINT	~~CHESTER~~ WHITE BALD CHESTNUT										
USGC 2248	72	F	OH	~~CHESTER~~ BLAZE LR ANKLE CHESTNUT										
USGC 2249	120	F	OH	~~CHESTER~~ BLAZE LF,LR,RF,RR SOCKS CHESTNUT										
USGC 2250	36	F	OH	~~CHESTER~~ STAR STRIP SNIP CHESTNUT										
USGC 2251	60	F	PAINT	~~CHESTER~~ WHITE BALD RR ANKLE CHESTNUT										
USGC 2252	48	F	AP	BAY ROAN STAR STRIP SNIP RR CORNET										
USGC 2253	96	F	SN	BAY BRAND 6A)0(8A029										
USGC 2254	132	F	OH	BAY										
USGC 2255	60	F	OH	~~CHESTER~~ STAR STRIP CHESTNUT										
USGC 2256	84	F	OH	~~CHESTER~~ STAR STRIP SNIP RR SOCK CHESTNUT										
USGC 2257	72	F	OH	BAY STAR										
USGC 2258	120	N	OH	BAY										
USGC 2259	108	N	OH	~~CHESTER~~ STAR SNIP STRIP LF,RF,RR SOCKS LR CORNET										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 23,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE FROM VS FORM 17-140: 0024295

3. PAGE NO. 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC 2260	72	N OH	CHESTER		STAR STRIP SNIP N						CHESTNUT		
1849 MARION HARDIN RD.	USGC 2261	84	N OH	CHESTER		BLAZE LR,RF,RR SOCKS						CHESTNUT		
LA RUE, OH 43332	USGC 2262	156	N OH	CHESTER		STAR CHESTNUT								
	USGC 2263	48	N OH	BAY		STAR SNIP LR,RF,RR ANKLES								
	USGC 2264	240	N OH	PAL		STAR STRIP SNIP LR,RR SOVCKS								
	USGC 2265	84	N OH	CHESTER		STAR CHESTNUT								
	USGC 2266	120	N	MULE		BLACK								
	USGC 2267	72	N OH	RED ROAN		STAR LR,RF,RR CORNETS								
	USGC 2268	144	N OH	CHESTER		STAR RR SOCKS CHESTNUT								
	USGC 2269	60	N	PAINT BAY		WHITE STAR SNIP LF,LR,RF,RR SOCKS								
	USGC 221962	48	N OH	BAY		LR CORNET								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. the ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHSYCICAL CONDITION OF THE ANI ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER		CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.		STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332		CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995		AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2241			X					X				X				
2		2242			X				X					X			LIP—	
3		2243	X							X				X				
4		2244	X							X				X				
5		2245	X							X				X				
6		2246	X							X				X				
7		2247				CHSTN WHT							PRINT	X				
8		2248					X			X				X				
9		2249					X			X				X				
10		2250					X			X				X				
11		2251				CHSTN WHT							PRINT	X				
12		2252						BAY ROAN					APP	X				
13		2253	X										STD	X			BRAND 8 A029	
14		2254	X							X				X				
15		2255					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructione, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2256					✓			✓				✓				
17		2257	✓							✓				✓				
18		2258	✓							✓						✓		
19		2259					✓			✓						✓		
20		2260					✓			✓						✓		
21		2261					✓			✓						✓		
22		2262					✓			✓						✓		
23		2263	✓							✓						✓		
24		2264						PAL		✓						✓		
25		2265					✓			✓						✓		
26		2266			✓								MULE			✓		
27		2267						RED ROAN		✓						✓		
28		2268					✓			✓						✓		
29		2269				BAY WHT							PAINT			✓		
30		2270	✓							✓					✓			
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

#2 PAGE 2

USGC	BACK TAG	AGE	SEX	BREED	COLOR	HEAD	LF	LR	RF	RR	BRAND - TATTOO	REMARKS
2258	66	120	N	Q	BAY							
2259	95	108	N	Q	CHSTN	STAR STRIP SNIP	SOCK	CORNET	SOCK	SOCK		
2260	104	72	N	Q	CHSTN	STAR STRIP SNIP						
2261	85	84	N	Q	CHSTN	BLAZE		SOCK	SOCK	SOCK		
2262	91	156	N	Q	CHSTN	STAR						
2263	- 107	48	N	Q	BAY	STAR SNIP		ANKLE	ANKLE	ANKLE		
2264	82	240	N	Q	PAL	STAR STRIP SNIP		SOCK		SOCK		
2265	- 101	84	N	Q	CHSTN	STAR						
2266	102	120	N	MULE	BLK							
2267	105	72	N	Q	RED ROAN	STAR		CORNET	CORNET	CORNET		
2268	103	144	N	Q	CHSTN	STAR				SOCK		
2269	106	60	N	PAINT	BAY WHT	STAR SNIP	SOCK	SOCK	SOCK	SOCK		
1962	824	48	M STUD	Q	BAY			CORNET				
30												

Sep 22 10 02:23p Bauer Farms 7404994361 p.2

FORM APPROVED OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: 9024206

3. PAGE NO.: 1 OF 1

4. DATE ISSUED: 9-27-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE:

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSIEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC2301	72	N	TH BAY STAR STRIP SNIP LR SOCK RR SOCK LIP?											
USGC2302	72	N	TH BLACK STAR RR ANKLE LIP?											
USGC2303	60	N	TH BAY RR ANKLE LIP?											
USGC2304	36	N	TH BAY STAR LR SOCK LIP?											
USGC2305	60	N	TH CHESTNUT STAR STRIP SNIP LR CORNET LIP?											
USGC2306	60	F	TH CHESTNUT STAR STRIP SNIP LR SOCK RR CORNET LIP?											
USGC2307	48	F	TH BAY BLAZE LF ANKLE LR ANKLE LIP?											
USGC2308	60	F	TH BAY LIP?											
USGC2309	60	F	TH BAY STAR LR ANKLE RR ANKLE LIP?											
USGC2310	84	F	TH CHESTNUT STAR LR CORNET RR CORNET LIP?											
USGC2311	84	F	TH BAY STAR LR SOCK RF SOCK RR SOCK LIP?											
USGC2312	60	N	TH BAY STAR LIP?											
USGC2313	48	F	TH BAY LR ANKLE RR CORNET LIP?											
USGC2314	36	N	TH BAY STAR SNIP LF ANKLE LR ANKLE RF ANKLE RR SOCK											
USGC2315	60	N	TH BAY STAR STRIP LIP?											
USGC2316	72	N	TH BAY STAR LIP?											
USGC2317	36	N	TH BAY STAR LR ANKLE LIP?											
USGC2318	84	N	TH BAY LIP?											
USGC2319	60	N	TH BAY STAR STRIP SNIP LR SOCK RR CORNET LIP?											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP. 27, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140: 0024206

3. PAGE NO.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2320	60	F	TH	BAY	STAR	LF	CORNET	LR	ANKLE	RR	CORNET	LIP?	
1849 MARION HARDIN RD.	USGC2321	48	N	TH	BAY	STRIP	SNIP	RR	CORNET	LIP?				
LA RUE, OH 43332	USGC2322	36	F	TH	BAY	STAR								
	USGC2323	84	F	TH	BAY	STAR	LIP?							
	USGC2324	60	M	TH	GRAY	SNIP	LR	SOCK	RF	ANKLE	LIP?			
	USGC2325	48	F	TH	BAY	STAR	LIP?							
	USGC2326	48	F	TH	CHESTNUT	STAR	STRIP	LR	SOCK	RR	SOCK	LIP?		
	USGC2327	60	F	AP	RED ROAN	BLAZE	LF	SOCK	LR	SOCK	RF	SOCK	RR	SOCK
	USGC2328	180	F	AP	GRAY	NO	OTHER	MARKINGS						
	USGC2329	48	F	TH	BLACK	LIP?								
	USGC2330	96	N	OH	CHESTNUT	STAR	SNIP							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P.107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2301	✓						✓							✓	LIP—	
2		2302			✓				✓							✓	LIP—	
3		2303	✓						✓							✓	LIP—	
4		2304	✓						✓							✓	LIP—	
5		2305					✓		✓							✓	LIP—	
6		2306					✓		✓					✓			LIP—	
7		2307	✓						✓					✓			LIP—	
8		2308	✓						✓					✓			LIP—	
9		2309	✓						✓					✓			LIP—	
10		2310					✓		✓					✓			LIP—	
11		2311	✓						✓					✓			LIP—	
12		2312	✓						✓							✓	LIP—	
13		2313	✓						✓					✓			LIP—	
14		2314	✓						✓							✓		
15		2315	✓						✓							✓	LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM[redacted]

SIGNATURE [redacted]

(b) (6)

I HEREBY [redacted] THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald		
16	USGC	2316	✓						✓							✓	LIP—	
17		2317	✓						✓							✓	LIP—	
18		2318	✓						✓							✓	LIP—	
19		2319	✓						✓							✓	LIP—	
20		2320	✓						✓					✓			LIP—	
21		2321	✓						✓							✓	LIP—	
22		2322	✓						✓					✓				
23		2323	✓						✓					✓			LIP—	
24		2324		✓					✓						✓		LIP—	
25		2325	✓						✓					✓			LIP—	
26		2326					✓		✓					✓			LIP—	
27		2327						RED ROAN					APP	✓				
28		2328		✓									APP	✓				
29		2329			✓				✓					✓			LIP—	
30		2330					✓			✓						✓		
31																		
32																		
33		30																
34																		
35																		
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37																		
38																		
39																		
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43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024207

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-27-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC2331	300	F	BL			CHESTNUT STRIP SNIP								
USGC2332	72	N	SN			BAY BRAND 2BS33								
USGC2333	120	F	PAINT			BAY WHITE BALD LR SOCK								
USGC2334	300	F	PE			BLACK STAR								
USGC2335	120	N	AP			BLACK WHITE NO OTHER MARKINGS								
USGC2336	132	N	PAINT			CHESTNUT WHITE BLAZE LR SOCK RR SOCK								
USGC2337	168	N	SN			BAY STAR LR CORNET BRAND T8529								
USGC2338	72	F	PAINT			BLACK WHITE BLAZE LR SOCK RF SOCK RR SOCK								
USGC2339	60	F	PAINT			BLACK WHITE BLAZE LF SOCK LR SOCK RF SOCK RR SOCK BLIND R EYE								
USGC2340	156	N	QH			BLACK NO OTHER MARKINGS								
USGC2341	156	N	SN			BAY STAR								
USGC2342	180	F	TH			BLACK STAR LIP? BLIND L EYE								
USGC2343	192	N	AP			RED ROAN BLAZE LR SOCK RF SOCK RR SOCK								
USGC2344	96	F	QH			CHESTNUT STAR STRIP SNIP LR CORNET								
USGC2345	120	N	BL			CHESTNUT BLAZE LR ANKLE RR ANKLE								
USGC2346	156	N	AP			CHESTNUT WHITE STAR								
USGC2347	156	F	QH			BAY STAR RR CORNET SCAR R HOCK								
USGC2348	108	F	PAINT			BLACK WHITE STAR STRIP SNIP LR SOCK LR SOCK RF SOCK RR SOCK								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP. 27, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0242

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2349	120	F	OH	BAY	STAR STRIP		SNIP		LR	SOCK			
1849 MARION HARDIN RD.	USGC2350	156	M	SN	BLACK	STAR	SNIP	LR	CORNET			RR CORNET	BRAND R9610	
LA RUE, OH 43332						BLIND R EYE								
	USGC2351	132	M	OH	PALOMINO	STAR STRIP		SNIP		LF SOCK		LR SOCK	RF ANKLE	
	USGC2352	180	F	SN	BLACK	LIP?								
	USGC2353	144	F	OH	CHESTNUT	BLAZE	LR CORNET							
	USGC2354	132	M	SN	BAY	STAR	BRAND J3465							
	USGC2355	96	F	AP	GRAY	NO OTHER MARKINGS								
	USGC2356	192	M	CL	BAY	BLAZE	LF SOCK	LR SOCK				RF SOCK	RR SOCK	
	USGC2357	192	M	CL	BAY	BLAZE	LF SOCK	LR SOCK				RF SOCK	RR SOCK	
	USGC2358	180	M	BL	RED ROAN	BLAZE								
	USGC2359	240	M	OH	CHESTNUT	STAR STRIP		SNIP		LR SOCK		RR SOCK		

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, THE ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7049993995	AREA CODE & TELEPHONE NO.: 5058882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Gald	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2331					✓				BELG			✓				
2		2332	✓										STD			✓	BRAND 2B533	
3		2333				BLK WHT							PRINT	✓				
4		2334			✓						PERCH			✓				
5		2335						BLK WHT					APP			✓		
6		2336				CHSTN WHT							PRINT			✓		
7		2337	✓										STD			✓	BRAND T8529	
8		2338				BLK WHT							PRINT	✓				
9		2339				BLK WHT							PRINT	✓				BLIND RIGHT EYE
10		2340			✓					✓						✓		
11		2341	✓										STD			✓		
12		2342			✓				✓					✓			LIP—	BLIND LEFT EYE
13		2343						RED ROAN					APP			✓		
14		2344					✓			✓				✓				
15		2345					✓				BELG					✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted] (b) (6)

SIGNATURE [redacted]

I HEREBY AUT[redacted] FORMATION IN IT AS COMPLETED BY [redacted] RM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2346						CHESTN WHT					APP			✓		
17		2347	✓							✓				✓				SCAR RIGHT Hock
18		2348				BLK WHT							PAINT	✓				
19		2349	✓							✓				✓				
20		2350			✓								STD			✓	BRAND R9610	BLIND RIGHT EYE
21		2351						PAL		✓						✓		
22		2352			✓								STD	✓			LIP—	
23		2353					✓			✓				✓				
24		2354	✓										STD			✓	BRAND J3465	
25		2355		✓									APP	✓				
26		2356	✓								CLYDE					✓		
27		2357	✓								CLYDE					✓		
28		2358						RED ROAN			BELG					✓		
29		2359					✓			✓					✓			
30		~~2360~~																
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024208

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-27-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

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
USGC2361	60	F	QH	DUN	BLAZE	LF	CORNET		LR	ANKLE		RF HEEL	RR CORNET	
USGC2362	72	N	QH	CHESTNUT	STAR	STRIP			LR	SOCK	RF SOCK	RR CORNET		
USGC2363	36	F	QH	CHESTNUT	STAR	STRIP			LR	ANKLE				
USGC2364	60	F	PAINT	DUN	WHITE	BLAZE								
USGC2365	48	F	TH	BAY	STAR	LIP?								
USGC2366	120	F	QH	CHESTNUT	BLAZE									
USGC2367	132	F	QH	CHESTNUT	BLAZE	LF	CORNET		LR	ANKLE	RR	CORNET		
USGC2368	144	N	QH	BLACK	LF	ANKE	RF	CORNET						
USGC2369	180	F	QH	CHESTNUT	STAR	RR	ANKLE							
USGC2370	120	N	TH	BAY	FAINT	STAR	LR	CORNET	LIP?					
USGC2371	180	F	TH	BAY	STAR	LIP?								
USGC2372	108	F	QH	CHESTNUT	BLAZE	LF	ANKLE	LR	SOCK	RR	ANKLE			
USGC2373	36	N	QH	BLUE	ROAN	STAR								
USGC2374	108	F	PAINT	BLACK	WHITE	STAR	STRIP	SNIP	LF	SOCK	LR	SOCK	RF SOCK	RR SOCK
USGC2375	60	N	PAINT	CHESTNUT	WHITE	BALD								
USGC2376	108	F	QH	BLACK	STAR	SNIP	LR	CORNET						
USGC2377	120	F	AP	BLACK	WHITE	BLAZE								
USGC2378	84	F	PAINT	CHESTNUT	WHITE	BLAZE								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP. 27, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0070

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140
[illegible]

3. PAGE NO.
[illegible]

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2379	72	N	OH	CHESTNUT	STAR								
1849 MARION HARDIN RD.	USGC2380	108	F	OH	GRAY NO	OTHER	MARKINGS							
LA RUE, OH 43332	USGC2381	48	F	BL	CHESTNUT	STAR	STRIP	SNIP						
	USGC2382	60	M	TH	BAY	STAR	STRIP	RF	CORNET	RR		SOCK LIFT		
	USGC2383	72	N	OH	CHESTNUT	STAR	STRIP	SNIP	LR			CORNET		
	USGC2384	120	F	OH	BAY	STAR								
	USGC2385	72	N	OH	CHESTNUT	STAR	RR	ANKLE						
	USGC2386	120	F	HAFLINGER	CHESTNUT	STAR	STRIP	SNIP	LR			SOCK RR SOCK		
	USGC2387	108	F	OH	CHESTNUT	STAR	STRIP	SNIP	LR	ANKLE	RR	CORNET		
	USGC2388	72	N	HAFLINGER	CHESTNUT	LR	SOCK	RR	CORNET					
	USGC2389	96	F	HAFLINGER	CHESTNUT	STAR	STRIP	SNIP	LR	ANKLE	RR	SOCK		
	USGC2390	108	F	HAFLINGER	CHESTNUT	STAR	LR	SOCK						

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE EXPORTED ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

APPROVED

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2361						DUN		X				X				
2		2362					X			X						X		
3		2363					X			X				X				
4		2364				DUN WHT							PAINT	X				
5		2365	X						X					X			LIP—	
6		2366					X			X				X				
7		2367					X			X				X				
8		2368			X					X						X		
9		2369					X			X				X				
10		2370	X						X							X	LIP—	
11		2371	X						X					X			LIP—	
12		2372					X			X				X				
13		2373						BLUE ROAN		X						X		
14		2374				BLK WHT							PAINT	X				
15		2375				CHESTN WHT							PAINT			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted] (b) (6)

SIGNATURE [redacted]

I HEREBY A[redacted]FORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2376			✓					✓				✓				
17		2377						BLK WHT					APP	✓				
18		2378				CHESTN WHT							PAINT	✓				
19		2379					✓			✓						✓		
20		2380		✓						✓				✓				
21		2381					✓				BELG			✓				
22		2382	✓						✓						✓		LIP—	
23		2383					✓			✓						✓		
24		2384	✓							✓				✓				
25		2385					✓			✓						✓		
26		2386					✓						HAFL	✓				
27		2387					✓			✓				✓				
28		2388					✓						HAFL			✓		
29		2389					✓						HAFL	✓				
30		2390					✓						HAFL	✓				
31																		
32		30																
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024286

3. PAGE: 1 OF 2

4. DATE ISSUED: 9-2-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC1761	72	N	QH		dun,star,strip,snip									
USGC1762	48	N	QH		bay,star,snip,LR ankle,scar RR leg									
USGC1763	84	N	QH		bay,star									
USGC1764	120	N	QH		chestnut,star									
USGC1765	60	N	PAINT		black/white,star,sock all 4 legs									
USGC1766	72	N	PAINT		chestnut/white,star,strip,snip,sock all 4 legs									
USGC1767	60	F	QH		chestnut									
USGC1768	60	F	QH		chestnut,star,strip,snip									
USGC1769	72	F	QH		palomino,star,LR sock									
USGC1770	120	F	QH		bay,star,LF,RF,RR ankle,LR sock									
USGC1771	120	F	QH		bay,faint star,snip,sock all 4 legs									
USGC1772	72	F	QH		bay,star,snip,LR,RR sock									
USGC1773	240	F	QH		chestnut,blaze,LF ankle,LR,RR sock									
USGC1774	120	F	QH		black									
USGC1775	48	F	QH		chestnut,star,RR ankle									
USGC1776	72	F	QH		chestnut,snip									
USGC1777	84	F	QH		chestnut,star,strip,snip,LR cornet,RF,RR ankle									
USGC1778	120	F	QH		chestnut,star,strip,snip									
USGC1779	156	F	QH		bay,LR,RR ankle									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 02,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART A - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. [illegible]-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

PAGE NO. 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
	USGC1780	144	F	OH	chestnut,blaze,LF ankle,LR,RF,RR sock									
	USGC1781	72	F	OH	chestnut,LR,RR ankle									
	USGC1782	144	F	OH	bay,star,strip,strip,snip,LR,RR ankle									
	USGC1783	156	F	OH	chestnut,star,strip,snip,LR,RR sock									
	USGC1784	18	F	OH	chestnut									
	USGC1785	120	F	OH	black									
	USGC1786	144	F	OH	chestnut,star,strip,snip,RR ankle,brand K in diamond									
	USGC1787	36	F	OH	palomino,star,strip,snip,RF corner									
	USGC1788	36	M	TH	bay,faint star,UNRD tip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION, THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD
STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332
CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 4993995
AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1761						DUN		✓						✓		
2		1762	✓							✓						✓		SCAR RIGHT REAR LEG
3		1763	✓							✓						✓		
4		1764					✓			✓						✓		
5		1765			BLK WHT								PINTO			✓		
6		1766			CHESTN WHT								PINTO			✓		
7		1767					✓			✓				✓				
8		1768					✓			✓				✓				
9		1769						PAL		✓				✓				
10		1770	✓							✓				✓				
11		1771	✓							✓				✓				
12		1772	✓							✓				✓				
13		1773					✓			✓				✓				
14		1774			✓					✓				✓				
15		1775					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): BAUER, FRED E.

2. CERTIFICATE NO.: L024283

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-2-10

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (*or Town*): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

BAUER, FRED E. ~~USGC1731~~
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC1731	72	F	PAINT		chestnut/white,bald									
USGC1732	96	M	QH		chestnut,strip,snip									
USGC1733	144	M	QH		palomino,LR sock,RF ankle									
USGC1734	108	F	QH		black,star,LR ankle									
USGC1735	180	M	BL		chestnut,blaze,LR,RR sock									
USGC1736	84	F	HAFLINGER		chestnut,star,strip,snip									
USGC1737	120	F	PAINT		black/white,bald,sock all 4									
USGC1738	60	M	QH		chestnut,star,LR,RR sock									
USGC1739	120	M	QH		chestnut,star,strip,LF cornet,LR ankle,RF sock									
USGC1740	60	F	TH		bay,star,strip,UNRD lip									
USGC1741	84	F	QH		black,LR,RF cornet,RR ankle,blind L eye									
USGC1742	120	F	QH		black,star,strip,snip,LF ankle,LR,RR sock									
USGC1743	144	M	AP		chestnut/white,star,snip									
USGC1744	192	M	AP		chestnut/white,star,snip,RR ankle									
USGC1745	144	F	QH		dun,blaze,LF ankle,LR,RR sock									
USGC1746	120	F	QH		dun,star,LR heel,scar LR leg									
USGC1747	180	F	QH		chestnut,star,strip,snip,LR,RF,RR sock									
USGC1748	120	M	SN		black,RR heel									
USGC1749	84	M	SN		bay,brand W2806									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 02,2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial,- please print*): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1750	180	N	SN	bay,LF,RR ankle									
1849 MARION MARDIN RD.	USGC1751	180	F	SN	black,UNRD tip									
LA RUE, OH 43332	USGC1752	48	F	TH	chestnut,star,strip,snip,LF,LR cornet,RF heel,RR sock,UNRD tip									
	USGC1753	144	N	TH	bay,star,UNRD tip									
	USGC1754	192	F	SN	black,faint star									
	USGC1755	180	F	QH	chestnut,star,LR,RR sock									
	USGC1756	120	F	PAINT	chestnut/white,blaze,sock all 4 legs									
	USGC1757	36	F	QH	chestnut,star,LF ankle,LR cornet									
	USGC1758	36	F	QH	red roan,star									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING SHIP TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD
STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332
CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995
AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1731				CHESTN WHT							PRINT	✓				
2		1732					✓			✓						✓		
3		1733						PAL		✓						✓		
4		1734			✓					✓				✓				
5		1735					✓				BELG					✓		
6		1736					✓						HAFL	✓				
7		1737				BLK WHT							PRINT	✓				
8		1738					✓			✓						✓		
9		1739					✓			✓						✓		
10		1740	✓						✓					✓			LIP—	
11		1741			✓					✓				✓				BLIND LEFT EYE
12		1742			✓					✓				✓				
13		1743						CHESTN WHT					APP			✓		
14		1744						CHESTN WHT					APP		✓			
15		1745						DUN		✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional instructions. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L926284

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULT FOR OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC1810	180	F	OH	bay,faint star,RR sock										
1849 MARION HARDIN RD.	USGC1811	180	F	PE	black,star,snip,large LR leg										
LA RUE, OH 43332	USGC1812	108	N	TH	black,UNRD lip										
	USGC1813	180	N	PAINT	bay/white,blaze,RR sock										
	USGC1814	84	M	TH	chestnut,star,strip,LR ankle,RR sock,UNRD lip										
	USGC1815	132	N	BL	chestnut,blaze,LR,RR sock										
	USGC1816	72	F	PAINT	bay/white,strip,snip,sock all 4 legs										
	USGC1817	108	F	SN	bay,large RR ankle										
	USGC1818	180	N	SN	bay,LF,RF ankle										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WE[illegible] HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN AD[illegible] MY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY REND[illegible] FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING [illegible] DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXIC[illegible] ARIZONA. [illegible] TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN IN[illegible] INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING [illegible] THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024284

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-2-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1791	180	N	OH	black,snip,LF heel										
1849 MARION HARDIN RD.	USGC1792	120	F	OH	bay,star,strip,snip,LR ankle										
LA RUE, OH 43332	USGC1793	36	N	TH	bay,UNRD lip										
	USGC1794	144	F	OH	chestnut,star,strip,snip,RR ankle										
	USGC1795	72	N	OH	red roan,blaze,LR,RR sock										
	USGC1796	120	F	SN	chestnut,star,snip,LF ankle,LR,RR sock,brand TA882										
	USGC1797	180	F	OH	bay,star,strip,LF ankle,LR sock										
	USGC1798	144	F	OH	dun,star										
	USGC1799	108	N	OH	bay,strip,snip,LF cornet,RF ankle,LR,RR sock										
	USGC1800	192	F	SL	chestnut,blaze										
	USGC1801	180	F	SL	red roan,blaze,sock all 4 legs,blind R eye										
	USGC1802	84	F	SL	chestnut,blaze										
	USGC1803	108	F	OH	chestnut,star,strip,snip										
	USGC1804	180	F	OH	chestnut,star										
	USGC1805	192	N	OH	chestnut,star,strip,LR ankle,blind L eye										
	USGC1806	72	F	TH	bay,star,UNRD lip										
	USGC1807	120	F	PAINT	chestnut/white,blaze,LR,RR sock										
	USGC1808	108	F	OH	chestnut,LR cornet,RR ankle										
	USGC1809	144	F	AP	black/white,blind R eye										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 02,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. OK 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1791			x					x						x		
2		1792	x							x				x				
3		1793	x						x							x	LIP—	
4		1794					x			x				x				
5		1795						RED ROAN		x						x		
6		1796					x						STO	x			BRAND TA882	
7		1797	x							x				x				
8		1798						DUN		x				x				
9		1799	x							x						x		
10		1800					x				BELG			x				
11		1801						RED ROAN			BELG			x				BLIND RIGHT EYE
12		1802					x				BELG			x				
13		1803					x			x				x				
14		1804					x			x				x				
15		1805					x			x						x		BLIND LEFT EYE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]

SIGNATURE[redacted]

I HEREBY A[redacted]TION IN IT AS COMPLETE[redacted] KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(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.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

[redacted]

If VS is required, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024288

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-7-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC1881	60	F	SN BLACK STAR RF CORNET RR ANKLE BRAND ICR66 scar left hock											
USGC1882	120	F	SN BAY LR CORNET RR ANKLE BRAND T0184											
USGC1883	180	F	SN BAY STAR SNIP LR ANKLE LIP?											
USGC1884	132	F	SN BAY BRAND NL236											
USGC1885	120	F	SN BAY STAR RR ANKLE BRAND VA053											
USGC1886	84	F	QH CHESTNUT BLAZE RR CORNET											
USGC1887	108	F	QH BAY LR ANKLE RF CORNET											
USGC1888	144	F	SN BAY STAR											
USGC1889	132	N	SN BAY R ANKLE RR ANKLE BRAND									~~I8ASSTA855~~		
USGC1890	120	F	SN BAY STAR LR ANKLE RR CORNET									BRAND NO505		
USGC1891	180	F	SN BAY STAR BRAND ~~S0227~~ 5D227											
USGC1892	144	N	SN BLACK LR CORNET											
USGC1893	144	F	TH CHESTNUT STAR STRIP SNIP LIP?											
USGC1894	156	F	TH BLACK STAR STRIP SNIP LF ANKLE LR ANKLE LIP?											
USGC1895	84	F	QH CHESTNUT STAR LF ANKLE BRAND 7K WITH CURVE UNDER											
USGC1896	108	F	QH CHESTNUT STAR STRIP											
USGC1897	120	N	PAINT BAY ROAN WHITE BALD SOCK LF LR SOCK RF SOCK RR SOCK											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 07, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0030

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140: 0243

PAGE NO.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1898	120	F	OH	CHESTNUT		STAR	SNIP	RR	CORNET				
1849 MARION HARDIN RD.	USGC1899	132	F	OH	CHESTNUT		STAR	STRIP	SNIP	LR SOCK	RR SOCK			
LA RUE, OH 43332	USGC1900	144	N	OH	BAY	STAR	LF CORENT	LR ANKLE	RR CORNET					
	USGC1901	192	F	TH	BAY	SNIP	LR ANKLE	LIP?						
	USGC1902	240	F	SN	BAY	STAR	LIP?							
	USGC1903	204	F	SN	BAY	LF HEEL	LR ANKLE	RR ANKLE	BRAND	WG147				
	USGC1904	120	M	TH	BLACK	RR SOCK	LIP?							
	USGC1905	96	F	OH	RED ROAN	STAR	RR ANKLE	BRAND h with curve under it						
	USGC1906	84	F	OH	CHESTNUT	STAR	STRIP	SNIP						
	USGC1907	72	N	PAINT	BAY	WHITE BLAZE	LF SOCK	LR SOCK	RF ANKLE	RR SOCK				
	USGC1908	144	F	OH	CHESTNUT	STAR								
	USGC1909	72	F	OH	CHESTNUT	STAR	STRP	SNIP	LR SOCK					
	USGC1910	120	N	TH	BLACK	STAR								

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one(21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 993 995	AREA CODE & TELEPHONE NO.: 450 882 490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1881			✓								STD	✓			BRAND ICR66	SCAR LEFT Hock
2		1882	✓										STD	✓			BRAND T8184	
3		1883	✓										STD	✓			LIP-	
4		1884	✓										STD	✓			BRAND WL236	
5		1885	✓										STD	✓			BRAND VA063	
6		1886					✓			✓				✓				
7		1887	✓							✓				✓				
8		1888	✓										STD	✓				
9		1889	✓										STD			✓	BRAND T8A55	
10		1890	✓										STD	✓			BRAND N0505	
11		1891	✓										STD	✓			BRAND 5D227	
12		1892			✓								STD			✓		
13		1893					✓		✓					✓			LIP-	
14		1894			✓				✓					✓			LIP-	
15		1895					✓			✓				✓			BRAND 7K	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED[redacted]

(b) (6)

SIGNATURE [redacted]

I HEREBY AUT[redacted]E INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1896					✓			✓				✓				
17		1897				BAY ROAN WHT							PRINT			✓		
18		1898					✓			✓				✓				
19		1899					✓			✓				✓				
20		1900	✓							✓						✓		
21		1901	✓						✓					✓			LIP—	
22		1902	✓										STD	✓			LIP—	
23		1903	✓										STD	✓			BRAND W6147	
24		1904			✓				✓						✓		LIP—	
25		1905						RED ROAN		✓				✓			BRAND (h)	
26		1906					✓			✓				✓				
27		1907				BAY WHT							PRINT			✓		
26		1908					✓			✓				✓				
29		1909					✓			✓				✓				
30		1910			✓								TWH			✓		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (16 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024285	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
9-7-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town. State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1821	180	F	SN BLACK LIP?											
1849 MARION HARDIN RD.	USGC1822	108	F	TH CHESTNUT BLAZE SNIP LIP?											
LA RUE, OH 43332	USGC1823	156	F	SN BAY STAR BRAND TH158											
	USGC1824	48	N	OH PALOMINO STAR LR ANKLE RR ANKLE BRAND JI											
	USGC1825	180	F	SN BAY STAR STRIP SNIP LF CORNET LR SOCK RR SOCK LIP?											
	USGC1826	144	F	SN BAY STAR LIP?											
	USGC1827	156	F	SN BLACK LIP?											
	USGC1828	180	F	SN BAY STAR RR ANKLE BRAND V5781											
	USGC1829	144	N	SN BAY FAINT STAR LR ANKLE RR ANKLE BRAND 2A793											
	USGC1830	192	N	SN BAY RF CORNET LIP?											
	USGC1831	120	F	SN BAY LIP?											
	USGC1832	144	F	SN BAY BRAND VP860											
	USGC1833	144	F	OH CHESTNUT FAINT STAR											
	USGC1834	156	F	SN BAY LIP?											
	USGC1835	108	N	OH CHESTNUT STAR											
	USGC1836	120	N	OH BAY STAR STRIP											
	USGC1837	240	N	SN BLACK LIP?											
	USGC1838	144	F	OH RED ROAN STAR STRIP LR CORNET											
	USGC1839	300	F	OH DUN STAR											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
SEP 07, 2010	KEARNS, EARNEST D. 7713	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. For[illegible] OMB No. [illegible]

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

CERTIFICATE NO. VS FORM 17-140 | PAGE NO.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1840	240	F	SN	BLACK LIP?									
1849 MARION HARDIN RD.	USGC1841	120	F	PAINT	BLACK WHITE STAR STRIP							SNIP LF	SOCK LR SOCK	
LA RUE, OH 43332						RF	SOCK RR SOCK							
	USGC1842	180	F	OH	CHESTNUT STAR STRIP SNIP									
	USGC1843	96	N	OH	CHESTNUT STAR STRIP SNIP							LR SOCK RF ANKLE RR SOCK		
	USGC1844	190	F	OH	CHESTNUT STAR STRIP SNIP									
	USGC1845	48	N	PAINT	BLACK WHITE STAR LF SOCK LR SOCK RF SOCK RR SOCK									
	USGC1846	48	F	OH	BLACK STAR									
	USGC1847	96	F	AP	DUN ROAN BLIND R EYE									
	USGC1848	156	F	OH	BAY NO OTHER MARKINGS									
	USGC1849	120	F	OH	BAY FAINT STAR									
	USGC1850	48	N	OH	RED ROAN STAR STRIP SNIP LR ANKLE									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING ~~VETERINARIAN~~ VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIO[illegible] HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TR[illegible] MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR PHYSICAL CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

(Please type or print in ink)

Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 0579-0100

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER | CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD | STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332 | CITY, STATE, ZIP CODE: MASSELIEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995 | AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1821			✓								STD	✓			LIP—	
2		1822					✓		✓					✓			LIP—	
3		1823	✓										STD	✓			BRAND THISS	
4		1824						PAL		✓						✓	BRAND J1	
5		1825	✓										STD	✓			LIP—	
6		1826	✓										STD	✓			LIP—	
7		1827			✓								STD	✓			LIP—	
8		1828	✓										STD	✓			BRAND V5781	
9		1829	✓										STD			✓	BRAND 2A783	
10		1830	✓										STD			✓	LIP—	
11		1831	✓										STD	✓			LIP—	
12		1832	✓										STD	✓			BRAND VP860	
13		1833					✓			✓				✓				
14		1834	✓										STD	✓			LIP—	
15		1835					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATURE [redacted]

I HEREBY A[redacted]E INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1836	✓							✓						✓		
17		1837			✓								STD			✓	LIP–	
18		1838						RED ROAN		✓				✓				
19		1839						DUN		✓				✓				
20		1840			✓								STD	✓			LIP–	
21		1841				BLK WHT							PAINT	✓				
22		1842					✓			✓				✓				
23		1843					✓			✓						✓		
24		1844					✓			✓				✓				
25		1845				BLK WHT							PAINT			✓		
26		1846			✓					✓				✓				
27		1847						DUN ROAN					APP	✓				BLIND RIGHT EYE
28		1848	✓							✓				✓				
29		1849	✓							✓				✓				
30		1850						RED ROAN		✓						✓		
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024287

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-7-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1851	120	N PE	BLACK STAR	SCAR LR ANKLE									
1849 MARION HARDIN RD.	USGC1852	180	F SN	BAY LF CORNET LR CORNET RR ANKLE										
LA RUE, OH 43332	USGC1853	144	F BL	CHESTNUT BLAZE										
	USGC1854	36	M TH	BLACK LF ANKLE RR ANKLE LIP?										
	USGC1855	60	F TH	BAY STAR STRIP SNIP LR CORNET RF CORNET										
							RR ANKLE LIP?							
	USGC1856	60	F TH	CHESTNUT STAR STRIP SNIP LF ANKLE LR SOCK										
			RF CORNET RR SOCK LIP?											
	USGC1857	84	N TH	CHESTNUT STAR STRIP SNIP LF CORNET LIP?										
	USGC1858	36	N TH	BAY STAR SNIP LF ANKLE LR ANKLE RF ANKLE RR ANKLE										
	USGC1859	96	N TH	BAY STAR LR SOCK RR SOCK LIP?										
	USGC1860	72	N TH	BAY STAR STRIP SNIP LR SOCK RF SOCK RR SOCK LIP?										
	USGC1861	48	N TH	BLUE ROAN STAR STRIP RF CORNET LIP?										
	USGC1862	48	N TH	BAY STAR SNIP LR ANKLE LIP?										
	USGC1863	48	F TH	BAY STAR LR ANKLE LIP?										
	USGC1864	144	F TH	BAY STAR LIP?										
	USGC1865	144	F TH	CHESTNUT STAR LR ANKLE LIP?										
	USGC1866	48	F TH	CHESTNUT STAR LIP?										
	USGC1867	156	N SN	BAY STAR LF SOCK LR SOCK BRAND A7568										

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: SEP 07,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

CERTIFICATE NO. (FROM VS FORM 17-140) 102427

PAGE NO.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE TYPE TEST DATE | DISEASE TYPE TEST DATE | DISEASE TYPE TEST DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1868	192	N	SN	BAY STAR STRIP SNIP LR SOCK RR ANKLE									
1849 MARION HARDIN RD.	USGC1869	180	F	SN	BLACK STAR LR ANKLE RR ANKLE									
LA RUE, OH 43332	USGC1870	120	N	SN	BAY STAR									
	USGC1871	204	F	SN	BLACK LR ANKLE RR ANKLE LIP?									
	USGC1872	180	F	SN	BLACK STAR SNIP									
	USGC1873	156	F	SN	BLACK NO OTHER MARKINGS									
	USGC1874	84	F	PAINT	CHESTNUT WHITE BLAZE									
	USGC1875	120	F	AP	BROWN WHITE ROAN FACE									
	USGC1876	192	F	SN	BAY LF CORENT LR ANKLE RR ANKLE LIP?									
	USGC1877	144	FM	SN	BAY NO OTHER MARKINGS									
	USGC1878	120	N	PE	BLACK NO OTHER MARKINGS									
	USGC1879	120	F	QH	CHESTNUT NO OTHER MARKINGS									
	USGC1880	120	F	QH	CHESTNUT STAR									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT FOR TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION WHICH COULD BE AGGRAVATED WHEN THE ~~ANIMA~~ANIMAL IS BEING TRANSPORTED, CAUSING THE ~~ANIMA~~ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1851			✓						PERCH					✓		SCAR LEFT REAR ANKLE
2		1852	✓										STO	✓				
3		1853					✓				BEL6			✓				
4		1854			✓				✓						✓		LIP—	
5		1855	✓						✓					✓			LIP—	
6		1856					✓		✓					✓			LIP—	
7		1857					✓		✓							✓	LIP—	
8		1858	✓						✓							✓		
9		1859	✓						✓							✓	LIP—	
10		1860	✓						✓							✓	LIP—	
11		1861						BLUE ROAN	✓							✓	LIP—	
12		1862	✓						✓							✓	LIP—	
13		1863	✓						✓					✓			LIP—	
14		1864	✓						✓					✓			LIP—	
15		1865					✓		✓					✓			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AU[redacted]NFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1866					✓		✓					✓			LIP—	
17		1867	✓										STD			✓	BRAND A2368	
18		1868	✓										STD			✓		
19		1869			✓								STD	✓				
20		1870	✓										STD			✓		
21		1871			✓								STD	✓			LIP—	
22		1872			✓								STD	✓				
23		1873			✓								STD	✓				
24		1874				CHSTN WHT							PAINT	✓				
25		1875						BRN WHT					APP	✓				
26		1876	✓										STD	✓			LIP—	
27		1877	✓										STD			✓		
28		1878			✓						PERCH					✓		
29		1879					✓			✓				✓				
30		1880					✓			✓				✓				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J3389

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER FRED E	USFR0048	84	F	QH	PAL	NO OTHER MARKINGS									
1849 MARION HARDIN RD	USFR0049	120	M	QH	BLK	STAR	SNIP								
LA RUE, OH 43332	USFR0050	36	F	TH	BAY	STAR	SNIP	RR CORNET							
	USFR0051	144	M	SH	BAY	STAR	RR ANKLE	BRAND?							
	USFR0052	240	M	SH	BAY	STAR	STRIP	SNIP	LR SOCK	LIP?	SCAR LR ANKLE				
	USFR0053	180	M	SH	BAY	STAR	LR SOCK	RF CORNET	BRAND?						
	USFR0054	144	M	SH	BAY	BRAND?									
	USFR0055	144	M	SH	BAY	FAINT STAR	LR HEEL	LIP?							
	USFR0056	216	F	PE	BLK	STAR									
	USFR0057	60	F	TH	BAY	STAR	STRIP	SNIP	LR SOCK	LIP?					
	USFR0058	48	F	TH	SOR	STAR	STRIP	SNIP	LR SOCK	RF CORNET	LIP?				
	USFR0059	144	F	QH	SOR	BLAZE									
	USFR0060	156	F	QH	SOR	BLAZE									

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DATS PRIOR TO EXPORT AND WERER FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEEF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNICABEL DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ~~AHENSL WRE~~ ANIMALS WERE INSPECTE AND WERE FOUND HELATY ANDIN A PHYSICAL CONDITION FIT FOT BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAORTIN IN HEALTHY OR IN PONYSICAL CODNITION THAT CO COULD RENDER THE ANIAMLS UNFIT FOR TRANPSORT MAY RESULT IN THE SHIPMNET TO BE REFUSED ENTRY IN CANADA. 6. DURING THE RPEVIOUS 21 DYS THE ANIAMSL IN HIS HSIPMNET HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIAMLS HAS AN INFIRMITY, ILLNESS, OR INJURY THAT COULD AGGRAVATE THE ANAIMLS CAUSING THE ANIAMSL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

...y ... Notice: While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024280

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-23-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE, OH

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 MRUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

BAUER, FRED E.
1849 MARION HARDIN RD
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

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
USGC1581	60	F	TH BAY STAR STRIP RR CORNET LIP?											
USGC1582	108	F	OH CHESTNUT STAR STRIP SNIP											
USGC1583	60	F	TH BAY STAR LIP?											
USGC1584	60	F	TH BAY STAR STRIP SNIP LR CORNET LIP?											
USGC1585	84	N	TH GRAY LIP?											
USGC1586	36	F	TH CHESTNUT STAR STRIP SNIP LF LIP?									SOCK LR	SOCK RR	SOCK
USGC1587	192	N	SN BLACK SNIP LR CORNET LIP?											
USGC1588	180	N	AP GRAY											
USGC1589	144	F	SN BAY LR ANKLE RR CORNET BRAND X6501											
USGC1590	120	N	SN BLACK RR ANKLE BRAND ZG311											
USGC1591	120	N	BL CHESTNUT BLAZE											
USGC1592	204	N	SN BLACK STAR SNIP LR ANKLE LIP? BRAND 38 BLIND L EYE											
USGC1593	168	N	SN BLACK LIP?											
USGC1594	192	N	SN BLACK LR ANKLE LIP?											
USGC1595	180	N	SN BAY STAR SNIP LF CORNET LIP?											
USGC1596	168	N	SN BAY STAR RR ANKLE BRAND R8028											
USGC1597	84	N	SN BAY LR SOCK RR SOCK ROAN PATCH ON JAW											
USGC1598	156	N	SN BLACK LIP?											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUG 23,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3359

PAGE NO. 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFI 6059	84	F	OH		SOR		STAR	STRIP		SNIP		LR SOCK		
1849 MARION HARDIN RD	USFI 6060	695	F	PN		SOR		WHITE	BLAZE						
LA RUE, OH 43332	USFI 6061	120	N	OH		BLACK		STAR	LF, RR ANKLES				LR SOCK		
	USFI 6062	48	F	TH		BAY		LIP----							
	USFI 6063	60	N	PN		BAY		WHITE	STAR	SNIP	LF,LR,RF,RR SOCKS				
	USFI 6064	240	F	TN		BLACK		STAR	LR,RR SOCKS				LIP-------		
	USFI 6065	60	F	OH		BAY		STAR	STRIP						
	USFI 6066	48	N	TH		BAY		STAR	LF ANKLE, LR SOCK, RF CRNET					LIP----	
	USFI 6067	96	F	OH		SOR		STAR	SNIP						
	USFI 6068	132	N	PN		BAY		WHITE	BALD						
	USFI 6069	60	N	OH		SOR		STAR	STRIP	SNIP			RR ANKLE		
	USFI 6070	72	F	PN		BLACK		WHITE	BALD						

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABEL DISEASE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWEDGE AND BELEIF OF THE ISSUING VETERIARIN NOT EXPOSED TO ANY COMMUNICADEL IDSEASE WITHIN 60 DAYS PRECEDING THE DATE OF ISNSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANPOSRT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS MSHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANPSORTED MEANS THAT NO ANIMALS HAS ANY OPENTY ILLNESS, INJURY OR ANY OTHER CODITION THAT OCULD AGGRAVATE THE ANIAMLS CAUSING THE ANIMALS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

[illegible] displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARO IN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSELIEVILLE QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USF1	6041	X							X				X				
2		6042			X								FOX TROTTER			X		
3		6043	X							X						X		
4		6044					X			X						X		
5		6045						PAL		X				X				
6		6046					X			X				X				
7		6047	X							X				X			BRAND 949	
8		6048			X					X				X				SCAR RIGHT REAR LEG
9		6049				BLK WHT							PAINT			X		
10		6050	X							X						X		
11		6051					X			X						X		
12		6052						SOR WHT					APP	X				
13		6053					X			X				X				
14		6054				SOR WHT							PAINT			X		
15		6055	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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	USFI	6056	✓							✓				✓				
17		6057	✓						✓							✓	LIP—	
18		6058			✓					✓						✓		
19		6059					✓			✓				✓				
20		6060				SOR WHT							PAINT	✓				
21		6061			✓					✓						✓		
22		6062	✓						✓					✓			LIP—	
23		6063				BAY WHT							PAINT			✓		
24		6064			✓				✓					✓			LIP—	
25		6065	✓							✓				✓				
26		6066	✓						✓							✓	LIP—	
27		6067					✓			✓				✓				
28		6068				BAY WHT							PAINT			✓		
29		6069					✓			✓						✓		
30		6070				BLK WHT							PAINT	✓				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3363

3. PAGE NO.: 1 OF

4. DATE ISSUED: 2-11-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHOUE INC. 595 URUE ROAYLE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADAN

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARIN HARDIN RD
LA RUE, OH 43332

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
~~USFI 671~~														
USFI 6071	144	F	QH	BLACK										
USFI 6072	156	F	QH	BLACK	STAR									
USFI 6073	132	F	QH	BLACK	STAR									
USFI 6074	120	FTH	F	BAY	STAR LF,RF CORNET LIP-----									
USFI 6075	120	F	QH	SDR	STAR LF CORNET RR ANKLE									
USFI 6076	48	F	TH	SDR	BLAZE RF SOCK LIP------									
USFI 6077	144	F	QH	BAY	BLAZE LR,RR SOCKS									
USFI 6078	96	F	QH	BLACK	STAR STRIP SNIP									
USFI 6079	108	F	TH	BAY	SMALL STAR LIP----									
USFI 6080	84	F	QH	BLACK										
USFI 6081	108	F	TH	BAY	LIP----									
USFI 6082	180	F	TH	BAY	LIP-----									
USFI 6083	144	F	QH	BLACK	STAR									
USFI 6084	72	N	QH	SDR	STAR STRIP SNIP LF SOCK									
USFI 6085	120	F	QH	SDR	BLAZE LF SOCK									
USFI 6086	96	N	AP	RED	ROAN LR,RR SOCKS									
USFI 6087	72	N	QH	SDR	SATAR SNIP STRIP LR,RF,RR SOCKS									
USFI 6088	120	F	TH	BAY	BLAZE LF ANKLE RF HEEL LIP---- SCAR LEFT F LE LEG									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 11, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS EARNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): BAUER FRED E

2. SERIAL NO. FROM VS FORM 17-140: 0365

PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHLIUE INC

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ✔ — CERTIFIED BRUCELLOSIS FREE AREA ✔

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFI 6089	144	F	TW	WHITE										
1849 MARION HARDIN RD	USFI 6090	120	F	TH	BAY	STAR STRIP SNIP LR,RR SOCKS								LIP----	
LA RUE, OH 43332	USFI 6091	96	F	OH	BAY	BLAZE LR,RR SOCKS									
	USFI 6092	50	F	OH	PAL	STAR SNIP STRIP LR,RF,RR SOCKS									
	USFI 6093	72	F	OH	BAY	LR CORNET RR SOCK									
	USFI 6094	96	M	TH	BAY	STAR LR ANKLE LIP----									
	USFI 6095	144	M	TW	BLACK	STAR SNIP LR CORNET RR ANKLE									
	USFI 6096	36	M	OH	BAY										
	USFI 6097	84	F	OH	SOR	FAINT STAR LARGE SNIP LR SOCK RR CORNET									
	USFI 6098	120	M	OH	SOR	STAR STRIP SNIP BRAND S									
	USFI 6099	36	F	TH	SOR	STAR LR ANKLE RR SOCK LIP----									
	USFI 6100	144	F	SN	BAY	STAR STRIP LR CORNET LIP---- WHITE SPOT ON BACK									

1/. THE ANIAMSL WERE INSPECTE WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDNECE OF COMMUNICABEL DISEAE. 2. THE AMIAMLS WERE TO THE BEST OF THE KNOWEDDGE AND BELIEF OF THE ISSUING VETERIARIN NOT EXPOSED TO ANY COMMUNCIBLE DISEAE WTIHN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE SU US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYUSCAL COONTIION FIT TOT BE TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAOTIN IN HEALTH OR PHYSCIALC OONTIION WHICH COULD RENDER THE ANIAMLS UNFIT FOR TRANPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMSL IN THIS HIPMNNE HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPROTED MEANS THAT NO ANIMALS HAS AN INFIRMITY, ILLNES, INJURE OR ANY OTHER COONTIION THAT COULD AGGRAVATE THE ANIALS ACAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTE RONLY.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USF1	6071			✓					✓				✓				
2		6072			✓					✓				✓				
3		6073			✓					✓				✓				
4		6074	✓						✓					✓			LIP—	
5		6075					✓			✓				✓				
6		6076					✓		✓					✓			LIP—	
7		6077	✓							✓				✓				
8		6078			✓					✓				✓				
9		6079	✓						✓					✓			LIP—	
10		6080			✓					✓				✓				
11		6081	✓						✓					✓			LIP—	
12		6082	✓						✓					✓			LIP—	
13		6083			✓					✓				✓				
14		6084					✓			✓						✓		
15		6085					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF1	6086						RED ROAN					APP			✓		
17		6087					✓			✓						✓		
18		6088	✓						✓					✓			LIP-	SCAR LEFT FRONT LEG
19		6089						WHITE					TWH	✓				
20		6090	✓						✓					✓			LIP-	
21		6091	✓							✓				✓				
22		6092						PAL		✓				✓				
23		6093	✓							✓				✓				
24		6094	✓						✓							✓	LIP-	
25		6095			✓								TWH			✓		
26		6096	✓							✓						✓		
27		6097					✓			✓				✓				
28		6098					✓			✓					✓		BRAND S	
29		6099					✓		✓					✓			LIP-	
30		6100	✓										STD	✓			LIP-	WHITE SPOT ON BACK
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3360

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: 2-8-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIU INC., 1849- 595 RUE ROYALE C.P.101 MASSEDVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USF16011	108	F	QH	BLK STAR STRIP SNIP RF ANKLE										
USF16012	36	N	QH	SOR STAR LF SOCK RR SOCK										
USF16013	48	F	PN	SOR WHT BLAZE										
USF16014	96	N	PN	BLK WHT STAR SNIP LF SOCK LR SOCK RF SOCK RR SOCK										
USF16015	72	F	PN	GRAY WHT STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK										
USF16016	60	F	PN	BLK WHT BALD LF SOCK LR SOCK RF SOCK RR SOCK										
USF16017	60	N	QH	GRAY NO OTHER MARKINGS										
USF16018	84	F	QH	BLK STAR STRIP SNIP LF CORNET LR CORNET										
USF16019	108	F	AB	SOR STAR STRIP SNIP LR ANKLE										
USF16020	144	F	QH	BAY NO OTHER MARKINGS										
USF16021	84	N	TH	SOR STAR STRIP SNIP LIP?										
USF16022	144	F	PN	BAY WHT LF SOCK LR SOCK RF SOCK RR SOCK										
USF16023	120	F	QH	BAY LR CORNET RR ANKLE										
USF16024	60	N	PN	BRN WHT BALD LF SOCK LR SOCK RF SOCK RR SOCK										
USF16025	120	F	SN	BAY STAR LF HEEL LR ANKLE RR CORNET LIP?										
USF16026	120	F	SN	BAY BRAND?										
USF16027	108	N	PN	SOR WHT BLAZE										
USF16028	72	F	TH	BAY STAR STRIP SNIP RF HEEL RR ANKLE LIP?										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB 8 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFI6029	108	F	SN	BAY	STAR	FAINT	SNIP	LR	CORNET				
1849 MARION HARDIN RD	USFI6030	120	F	TH	SOR	STAR	STRIP	LF	SOCK	LR	SOCK RF	SOCK RR	SOCK	LIP?
LA RUE, OH 43332	USFI6031	96	F	OH	BAY	STR	RR HEEL							
	USFI6032	120	F	AP	BRN	WHT								
	USFI6033	120	F	TH	BAY	STAR	SNIP	LR	ANKLE	RF	CORNET RR	SOCK	LIP?	
	USFI6034	144	N	OH	SOR	STAR	LR SOCK	RR	SOCK					
	USFI6035	180	N	SN	BAY	STR	LIP?							
	USFI6036	156	N	OH	PAL	STAR	SNIP							
	USFI6037	120	N	SN	BAY	BRAND?								
	USFI6038	132	F	OH	PAL	BLAZE	LR SOCK	RR	SOCK					
	USFI6039	84	N	TH	BAY	STAR	SNIP	LR	ANKLE	RR	ANKLE	LIP?		
	USFI6040	36	M	OH	BAY	STAR	LR SOCK							

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEAE. 2. THE ANIANLS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIARIN NOT EXPOSED TO ANY COMMUNCIAEBL DISEAE WITHIN 60 DAYS PRECEING THE DATE OF ISNEPCTION. 3. THE ANIANLS HAVE RESIDED IN THE US OR CANDA SINCE BIRTH. 4. THE ANIANLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CODNTION [illegible] TRANPSORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAOTION IN HEALTH OR PHYSIC[illegible] THAT COULD RENDER THE ANOA ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT T[illegible] IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIANLS IN THE SHIPMENT HAVE NO[illegible] IN THE STATES OF TEXAS OR NEW MEXICO 6.7. FIT TO BE TRANSPORTED MEANS THE NO ANIAMLS HAS AN [illegible] ILLNESS, INJURY OR ANY OTHER CONDIITON THAT COULD AGGRAVRETE THE ANIANLS CAUSING THE [illegible] SUGFTER. 8. HORSES ARE FIRT FOR SLAUGHTER ONLY.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD
STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332
CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995
AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE 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	USFI	6011			✓					✓				✓				
2		6012					✓			✓						✓		
3		6013				SOR WHT							PRINT	✓				
4		6014				BLK WHT							PRINT			✓		
5		6015				GRAY WHT							PRINT	✓				
6		6016				BLK WHT							PRINT	✓				
7		6017		✓						✓						✓		
8		6018			✓					✓				✓				
9		6019					✓						ARAB	✓				
10		6020	✓							✓				✓				
11		6021					✓		✓							✓	LIP—	
12		6022				BAY WHT							PRINT	✓				
13		6023	✓							✓				✓				
14		6024				BRN WHT							PRINT			✓		
15		6025	✓										STD	✓			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF1	6026	✓										STD	✓			BRAND —	
17		6027				SOR WHT							PAINT			✓		
18		6028	✓						✓					✓			LIP —	
19		6029	✓										STD	✓				
20		6030					✓		✓					✓			LIP —	
21		6031	✓							✓				✓				
22		6032						BRN WHT					APP	✓				
23		6033	✓						✓					✓			LIP —	
24		6034					✓			✓						✓		
25		6035	✓										STD			✓	LIP —	
26		6036						PAL		✓						✓		
27		6037	✓										STD			✓	BRAND —	
28		6038						PAL		✓				✓				
29		6039	✓						✓							✓	LIP —	
30		6040	✓							✓					✓			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(Document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3358

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: 2-4-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARIN HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIEU INC. 595 RUYE ROAYLE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARIN RD
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB) — 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
USFI 5921	48	STUD	TB		SOR		STAR STRIP LF, ANKLE LR SOCK RF CORNET LIP---							
USFI 5922	84	N	TB		SOR STAR LR CORNET RR SOCK LIP-----									
USFI 5923	60	F	TB		BAY SRTAR LIP----									
~~USFI~~														
USFI 5924	60	F	TB		GRAY		BLAZE LR SOCK LIP-----							
USFI 5925	48	F	TB		BAY		LIP----							
USFI 5926	48	F	TB		GRAY		STAR LIP----							
USFI 5927	84	N	TB		BAY		SMALL STAR LR HEEL RR HEEL LIP----							
USFI 5928	60	F	TB		SOR		STAR STRIP LIP-----							
USFI 5929	60	N	TB		BAY		STAR LF,RF SOCKS LR ANKLE LIP-- brand CURSIVE							
USFI 5930	60	N	TB		BAY		STAR SNIP LF,RR ANKLES LIP---							
~~USFI 5931~~	~~60~~													
USFI 5931	36	N	TB		BAY		STAR LIP--- SCAR LEFT REAR ANKLE							
USFI 5932	72	N	TB		SOR		STAR SNIP STRIP RR ANKLE LIP----							
USFI 5933	120	N	QH		DUN		FAINT STAR RR CORNET SCAR LEFT REAR LEG							
USFI 5934	120	N	PAINT		BAY		WHITE BALD LR,RR SOCKS BRAND 10							
USFI 5935	132	N	QH		BAY		STAR SNIP LR,RR SOCKS BRAND 742 SCAR RIGHT HOCK							
USFI 5936	108	F	QH		SOR		STAR SNIP STRIP							
USFI 5937	204	F	STD		BAY		STAR LR SANKLE RR SOCK BRAND----							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 04, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EATNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3378

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFI 5938	156	F	STD	BAY	YF365	BRAND							
1849 MARION HARDIN RD	USFI 5939	144	F	STD	BAY	STAR	LR,RR	ANKLES	BRAND	----				
LA RUE, OH 43332	USFI 5940	180	F	STD	BAY	BRAND	----							
	USFI 5941	240	F	STD	BAY	STAR	LR,RR	SOCKS	BRAND----					
	USFI 5942	180	F	BELG	SOR	STAR	SNIP	STRIP						
	USFI 5943	192	F	BELG	SOR	STAR	SNIP	STRIP*						
	USFI 5944	240	F	STD	BAY	Lip----								
	USFI 5945	180	F	QH	BAY	STAR								
	USFI 5946	120	N	BELG	SOR	BLAZE								
	USFI 5947	48	F	QH	BLACK	LR	SOCK							
	USFI 5948	48	F	QH	BLACK	STAR	SNIP	LF	ANKLE					
	USFI 5949	132	F	BELG	SOR	STAR	SNIP	STRIP	LR ANKLE					
	USFI 5950	60	N	TB	BAY	STAR	LR HEEL	LIP-----						

1. THE ANIMALS WERE INSPECTED WTIHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF SCOMMHUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWELDGE AND BELIEF OF THE ISSUING VETERINARIN NOT EXPOSED TO ANY COMMUNCIABEL IDSEAE WITHIN 60 DAYS PRECDING THE ~~SD~~ DATE OF INSPECTION. 3. THE ANIANGL HAVE RESIDED IN THE US OR CANADA SINCE BIRIH. 4. THE ANIAMLS WERE INSPECTED AND SERE FOUND HEALTHY AND IN A PHYSICAL CODNTIION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAROTIN IN HEALTH OR PHYISCAO CODNITIONS THAT COULD RENDER THE NAIANLS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPEMNT TO BE REFUSED ENTRY IN CANADA. 6. U DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMNE T HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT F TO.BE TRANSPOR ED MNEASN THAT NO ANIMALS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

DVM

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

Number of this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USF1	5921					✓		✓						✓		LIP—	
2		5922					✓		✓							✓	LIP—	
3		5923	✓						✓					✓			LIP—	
4		5924		✓					✓					✓			LIP—	
5		5925	✓						✓					✓			LIP—	
6		5926		✓					✓					✓			LIP—	
7		5927	✓						✓							✓	LIP—	
8		5928					✓		✓					✓			LIP—	
9		5929	✓						✓							✓	LIP— BRAND N	
10		5930	✓						✓							✓	LIP—	
11		5931	✓						✓							✓	LIP—	SCAR LEFT REAR ANKLE
12		5932					✓		✓							✓	LIP—	
13		5933						DUN		✓						✓		SCAR LEFT REAR LEG
14		5934				BAY WHT							PAINT			✓	BRAND 10	
15		5935	✓							✓						✓	BRAND 742	SCAR RIGHT HOCK

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted] (b) (6)

I HEREBY [redacted] RMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3357

3. PAGE NO: 2 OF 1

4. DATE ISSUED: 2-4-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHGAIN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDINRD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIEUINC. 595 RUE ROYALE C.P.101 MASSNEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARIN AHRDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFI5951	60	N	QH PAL BLAZE											
USFI5952	72	N	QH PAL BLAZE											
USFI5953	120	F	QH SOR BLAZE RR SOCK											
USFI5954	120	N	QH PAL BLAZE LR SOCK RR SOCK											
USFI5955	48	N	PR RED ROAN WHT BALD LF SOCK LR SOCK RF SOCK RR SOCK											
USFI5956	60	N	QH PAL STAR STRIP											
USFI5957	72	N	QH PAL NO OTHER MARKINGS											
USFI5958	48	F	QH SOR BLAZE LF SOCK LR SOCK RR SOCK BLIND R EYE											
USFI5959	48	N	PR RED ROAN WHT BALD LF SOCK LR SOCK RF SOCK RR SOCK											
USFI5960	120	N	AP BAY WHT STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK											
USFI5(														
USFI5961	144	N	SN BAY STAR											
USFI5962	48	N	QH SOR STAR STRIP SNIP LR SOCK											
USFI5963	36	N	QH SOR STAR STRIP											
USFI5964	48	N	QH SOR BLAZE LR SOCK RF ROAN SOCK RR CORNET SCAR R FRONT FOOT											
USFI5965	120	N	QH SOR BLAZE LR SOCK RR SOCK											
USFI5966	48	N	QH SOR STAR STRIP SNIP LR SOCK RR SOCK											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 04, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian: Kellie A Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 43357

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF TYPE TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

DATE | DATE | DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

ID NO. OR DESCRIPTION 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
USFI5966	120	N	QH	PAL	STAR		STRIP	SNIP	LR	SOCK	RR			
USFI5968	60	F	QH	SOR	BLAZE		LR SOCK	RR SOCK						
USFI5969	72	F	QH	SOR	BLAZE		LR SOCK							
USFI5970	60	F	QH	SOR	STAR		STRIP	SNIP						
USFI5971	72	N	QH	SOR	STAR		STRP	SNIP	LR	SOCK	RF SOCK	RR SOCK		
USFI5972	84	N	QH	PAL	STAR		BLIND	L EYE						
USFI5973	96	N	QH	SOR	STAR		SNIP							
USFI5974	120	N	QH	SOR	BLAZE		RR CORNET							
USFI5975	72	N	QH	PAL	BLAZE									
USFI5976	48	N	QH	SOR	BLAZE		LF SOCK	LR SOCK	LRF SOCK	RR SOC.				
USFI5977	60	N	QH	SOR	BLAZE		LR SOCK							
USFI5978	60	F	~~PN~~	RED	ROAN		WHT BALD	LF SOCK	LR SOCK	RF SOCK	RR SOCK			
USFI5979	AB	M	TH	BAY	STAR		LR SOCK	1IPP						
~~USFI5980~~	~~84~~	~~N~~	~~PN~~	~~SOR~~	~~WHT~~	~~BLAZE~~	~~LF SOCK~~	~~LR SOCK~~	~~RF SOCK~~	~~RR SOKC~~				

PRINT VAH

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS ~~EXPORTED~~ WERE WITHIN TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIAIN NOT EXPOSE OF ANY COMMUNCIABEL IDSEAE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE ISNPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIOTIN IN HEALTH OR PHYSICAL CONDTINON THAT COULD RENDER THE ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY" IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMNET HAVE RESIDED IN THE US 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMNET HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANPOSRTED MEANS THAT NO ANIMALS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CODNTIION THAT COULD AGGRAVET THE ANIAMLS CAUSING THE ANIAMLS TO SUFFER. 8. horses are FIT FOR SLAUGHTER ONLY.

DVM

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFI	5951						PAL		✓						✓		
2		5952						PAL		✓						✓		
3		5953					✓			✓				✓				
4		5954						PAL		✓						✓		
5		5955				REDROAN WHT							PAINT			✓		
6		5956						PAL		✓						✓		
7		5957						PAL		✓						✓		
8		5958					✓			✓				✓				BLIND RIGHT EYE
9		5959				REDROAN WHT							PAINT			✓		
10		5960						BAY WHT					APP			✓		
11		5961	✓										STD			✓		
12		5962					✓			✓						✓		
13		5963					✓			✓						✓		
14		5964					✓			✓						✓		SCAR RIGHT FRONT HOOF
15		5965					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3356

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2-4-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLUEI INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFI5981	84	N	~~PN~~	SOR		WHT BALD							
1849 MARION HARDIN RD	USFI5982	240	F	SN	BAY		LIP?							
LA RUE, OH 43332	USFI5983	48	N	OH	SOR		STAR LR ANKLE RR SOCK							
	USFI5984	48	F	OH	SOR		STAR STRIP SNIP LR CORNET RR SOCK							
	USFI5985	180	F	OH	BAY		STAR							
	USFI5986	60	N	OH	SOR		STAR STRIP SNIP LR SOCK RR SOCK							
	USFI5987	132	F	OH	BAY		SNIP LR CORENT							
	USFI5988	180	F	OH	BAY		STAR SNIP LF HEEL LR SOCK RR SOCK							
	USFI5989	180	N	OH	BAY		STAR SCAR L REAR LEG							
	USFI5990	48	N	OH	BAY		STAR							
	USFI5991	122												
	USFI5991	120	N	OH	SOR		BLAZE LF SOCK WHITE SPOT ON HOCK CORNET							
				RF	SOCK		RR SOCK BRAND 83 WITH TRIANGLE OVER TOP							
	USFI5992	36	N	OH	GRAY		STAR LF ANKLE LR SOCK RR SOCK BRAND)E							
	USFI5993	72	N	OH	BAY		SCAR RIGHT FONT LEG							
	USFI5994	192	N	OH	SOR		FAINT STAR							
	USFI5995	180	F	~~PN~~	DUN		WHT STAR STRIP SNIP							
	USFI5996	48	F	OH	DUN		STAR RR CORENT							
	USFI5997	240	F	OH	SOR		STAR							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 04, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J3356

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE; TYPE TEST / TYPE TEST / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFI5998	120	F	OH	SOR	BLAZE	LR SOCK							
1849 MARION HARDIN RD	USFI5999	84	F	PAINT OR PAINT	SOR	WHT	BALD LF SOCK LR ANKLE RF SOCK RR SOCK							
LA RUE, OH 43332	USFI6000	48	N	OH	DUN	LR ANKLE RF ANKLE								
	USFI6001	24	F	OH	RED	ROAN	BRAND MH							
	USFI6002	36	F	OH	GRAY	STAR	BRAND MH							
	USFI6003	24	F	OH	GRAY	LR ANKE RR ANKEL BRAND MH								
	USFI6004	24	N	OH	WHITE	NO OTHER MARKINGS								
	USFI6005	24	F	OH	BAY	STAR	STRIP SNIP LF ANKLE BRADN MH							
	USFI6006	24	F	OH	SOR	STAR	STRIP SNP BRAND MH							
	USFI6007	24	N	PAINT OR PAINT	DUN	WHT	BALZE SCAR R RUMP							
	USFI6008	24	F	OH	SOR	RR	CORNET BRAND MH							
	USFI6009	24	N	OH	SOR	BRAND MH								
	USFI6010	36	N	OH	DUN	SNIP	LR ANKLE							

1. THE ANIAMLS WERE INSPECTSED WITHIN 30 DAYS PROOR PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVISDENCE OF COMMUNICABLE DISEAE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERAININ NOT EXPOSED TO ANY COMMUNCIABEL DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS WEWRE INSEPCTED AND WERE FOUND HTEALTHY AND IN A PHYSICAL CODNTIION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAORIN IN HEALTH R PHYSICLA CONDITION THAT COULD RENDER THE ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT OTO BE REFUSED ENTRY IN ACANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS HSSHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIMALS HAS AN INFIRMITY, ILLNESS, OINNURY OR ANY OTHER CONDTION THAT COULD CAUSE THE ANIMALS S TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: | DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USF1	5981				SOR WHT							PAINT			✓		
2		5982	✓										SRD	✓			LIP-	
3		5983					✓			✓						✓		
4		5984					✓			✓				✓				
5		5985	✓							✓				✓				
6		5986					✓			✓						✓		
7		5987	✓							✓				✓				
8		5988	✓							✓				✓				
9		5989	✓							✓						✓		SCAR LEFT REAR LEG
10		5990	✓							✓						✓		
11		5991					✓			✓						✓	BRAND 83	
12		5992		✓						✓						✓	BRAND DE	
13		5993	✓							✓						✓		SCAR RIGHT FRONT LEG
14		5994					✓			✓						✓		
15		5995				DUN WHT							PAINT	✓				

ORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE OURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

GNATURE (b) (6) [redacted]

IEREBY 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 ING 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).

GNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3361

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: 2-15-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIEU INC. 595 RUE ROYALE C.P. 1901 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE — DISEASE / TYPE TEST / DATE — DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse) — CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFI6131	144	N	SN BAY		LIP?									
USFI6132	144	N	BL SOR		BLAZE									
USFI6133	120	F	BL SOR		STAR STRIP SNIP									
USFI6134	84	N	SN BAY		STAR									
USFI6135	84	N	SN BAY		RR CORNET BRAND?									
USFI6136	144	F	SN BAY		BRAND?									
USFI6137	108	N	SN BAY		STAR SNIP LR SOCK RR SOCK BRADN?									
USFI6138	204	F	OH SOR		BALD									
USFI6139	132	F	SN BLK		BRAND?									
USFI6140	156	F	SN SOR		STAR SNIP RR CORNET									
USFI6141	156	F	SN BAY		LR CORNET LIP?									
USFI6142	180	N	SN BAY		LIP?									
USFI6143	132	N	SN BAY		BRAND?									
USFI6144	96	F	SN BAY		FAINT STAR BARADN?									
USFI6145	216	F	SN BAY		BRAND 56 LIP?									
USFI6146	144	F	OH BAY		STAR RR ANKLE									
USFI6147	120	F	SN BAY		BRAND?									
USFI6148	96	N	SN BAY		STAR BRAND?									
USFI6149	216	F	BL RED		ROAN STAR STRIP SNIP LF							SOCK LR	SOCK RF	SOCK

RR SOCK BLIND L EYE

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarentine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 16, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): SUSAN M. SKORUPSKI, DVM
AREA VETERINARIAN IN CHARGE OHIO

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: 133

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

ID NO. OR DESCRIPTION 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
USFI6150	108	M	SN	BAY	BRAND	V5780								
USFI6151	156	M	SN	BAY	LR	CORNET	RR	CORNET	LIP?	BLIND	L EYE			
USFI6152	168	M	SN	BAY	BRAND	LIP?								
USFI6153	96	M	SN	BAY	LR	CORNET	BRAND?							
USFI6154	156	M	SN	BAY	FAINT	STAR	LR	ANKLE	RR	ANKLE	LIP?			
USFI6155	108	M	SN	BLK	STAR	STRIP	SNIP	~~LR LF~~	CORNET	LR	ANKLE	RF	ANKLE	
				RR	CORNET	BRAND?								
USFI6156	48	M	PN	SOR	WHT	BLAZE								
USFI6157	168	F	BL	SOR	STAR	STRIP	SNIP							
USFI6158	192	F	BL	SOR	STAR									
USFI6159	48	F	TH	SOR	BLAZE	RF	SOCK	LIP?						
USFI6160	120	F	TH	BAY	STAR	LF	CORNET	RF	CORNET	LIP?				

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FROUNF HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOLWEDGE AND BELIEF OF THE ISSUING VETERINARIN NOT EXPOSED TO ANY COMMUNICABLE DISEASEW WTIHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANPOSRTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALHT OR PHYSICAL CONDITION THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANPOSRT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS THIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANPOSTERED MEANS THAT NO ANIMALS HAS AN INFERTMIYT, ILLNESS, INJURY OR ANY OTHER CONDTION THAT COULD AGGRAVIE THE ANIAMLS CAUSING THE ANIMALS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

[illegible] displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE CP 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	6131	X										STD			X	LIP—	
2		6132					X				BELG					X		
3		6133					X				BELG			X				
4		6134	X										STD			X		
5		6135	X										STD			X	BRAND—	
6		6136	X										STD	X			BRAND—	
7		6137	X										STD			X	BRAND—	
8		6138					X			X				X				
9		6139			X								STD	X			BRAND—	
10		6140					X						STD	X				
11		6141	X										STD	X			LIP—	
12		6142	X										STD			X	LIP—	
13		6143	X										STD			X	BRAND—	
14		6144	X										STD	X			BRAND—	
15		6145	X										STD	X			BRAND 56 LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

(b)(6)

SIGNA[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3362

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: 2-15-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RITHVLIU INC. 595 TRUE ROYALE C.P.101 MASSEUVILLE QUEBCEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USF16101	132	F	OH GRAY				STAR STRIP SNIP					LR CORNET	RR ANKLE	
USF16102	84	F	SN BAY				BRAND?							
USF16103	96	F	H SOR				STAR SNIP							
USF16104	108	N	SN BAY				BRAND?							
USF16105	180	F	SN SOR				FAINT STAR					FAINT STRIP	LR ANKLE	RF HEEL LIP
USF16106	84	F	PN SOR				WHT STRIP					SNIP		
USF16107	84	N	SN BAY				STAR RR ANKLE					BRAND?		
USF16108	84	N	SN BAY				BRAND IA851							
USF16109	168	N	SN BAY				LIP?							
USF16110	108	N	SN BAY				STAR LR ANKLE					RR ACORENT	BRAND?	
USF16111	96	N	SN BLK				STAR LF CORNET					LR ANKLE	RR CORNET	BRAND X6819
USF16112	144	N	OH BLK				RR HEEL							
USF16113	36	N	SN BAY				SNIP LR CORNET					SCAR R REAR LEG		
USF16114	108	F	OH BAY				BLAZE LR SOCK					RR SOCK		
USF16115	96	N	PN BAY				WHT BLAZE LF					SOCK LR SOCK	RF SOCK	RR SOCK
USF16116	144	F	SN BAY				STAR BRAND 8U803							
USF16117	36	N	AP WHITE				NO OTHER MARKINGS							
USF16118	96	N	SN BAY				STAR LR ANKE					RR CORNET	BRAND?	
USF16119	144	F	OH SOR				STAR STRIP SNIP					LR CORNET	RR CORNET	
USF16120	120	F	OH BAY				SMALL STAR RR HEEL							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 16, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS EARNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): SUSAN M. SKORUPSKI, DVM
AREA VETERINARIAN IN CHARGE OHIO

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: 03

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE
TYPE TEST | TYPE TEST | TYPE TEST
DATE M | DATE N | DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFI6121	72	F	QH	BAY	LF CORNET LR ANKLE RF CORNET RR SOCK								
1849 MARION HARDIN RD	USFI6122	192	F	QH	BAY	STAR								
LA RUE, OH 43332	USFI6123	108	F	QH	SOR	BLAZE LF CORNET LR SOCK L RF SOCK RR SOCK								
	USFI6124	108	N	QH	BAY	FAINT SNIP LR CORNET								
	USFI6125	84	F	QH	GRAY	RF SOCK RR SOCK								
	USFI6126	132	F	PN	BAY	WHT BLAZE LR SOCK RR SOCK								
	USFI6127	96	F	QH	BAY	RR CORNET SCAR R REAR LEG								
	USFI6128	84	F	QH	SOR	STAR STRIP SNIP LF SOCK RR SOCK SCAR ON HEAD								
	USFI6129	96	F	QH	SOR	STAR STRIP SNIP								
	USFI6130	72	F	PN	BLK	WHT LF SOCK LR SOCK RF SOCK RR SOCK								

1. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICIABEL DISEASE WITHIN 30 dayed OF TRANSPORT. 2. THT ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIN NOT EXPOSED TO ANY COMMUNICABEL IDSEAE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RES DED IN THE US OR CANADA SINCE DIRTH. 4. THE ANIMALS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CODNTIION FIT TO BE TRANSPORTED. 5. THE EXPORT HAS BEEN ADVISED THAT ANY DETERIAORIN IN HEALTH OR PHYSICAL CONDITION WHICH COULD RENDER THE ANIAN ANIAMLS UNFIT FOR TRAMPOSRT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIMALS HAS AN INFECTIY. ILLNESS, INJURY OTR ANY OTHER CONDITIOIN THAT COULD AGGRAVATE THE ANIAMLAS CAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

APPROVED

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

[illegible]

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

[illegible] displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	6101		X						X				X				
2		6102	X										STD	X			BRAND —	
3		6103					X			X				X				
4		6104	X										STD			X	BRAND —	
5		6105					X						STD	X			LIP —	
6		6106				SOR WHT							PAINT	X				
7		6107	X										STD			X	BRAND —	
8		6108	X										STD			X	BRAND IA851	
9		6109	X										STD			X	LIP —	
10		6110	X										STD			X	BRAND —	
11		6111			X								STD			X	BRAND X6B19	
12		6112			X					X						X		
13		6113	X										STD			X		SCAR RIGHT REAR LEG
14		6114	X							X				X				
15		6115				BAY WHT							PAINT			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b)(6) [redacted]

I HEREBY [redacted] ORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E ~~N A~~

2. CERTIFICATE NO: J 3364

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2-15-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 25

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIEU INC. 595 RUE ROAYEL C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFI6161	48	F	TH BAY		STAR STRIP LIP?									
USFI6162	48	F	TH SOR		STAR LF ANKLE LR SOCK RR SOCK LIP?									
USFI6163	48	F	TH BAY		STAR STRIP SNIP LR SOCK LIP?									
USFI6164	36	N	TH GRAY		STAR LR SOCK RF CORNET RR CORNET LIP?									
USFI6165	84	N	TH GRAY		BAY STAR STRIP SNIP LF ANKLE RR ANKLE LIP?									
USFI6164														
USFI6165	144	F	BL		SOR BLAZE									
USFI6166	144	F	BL		SOR BLAZE									
USFI6167	156	F	BL		SOR STAR STRIP SNIP									
USFI6168	180	N	TH		SOR BLAZE LF SOCK LR ANKLE RR SOCK LIP?									
USFI6169	144	N	SN		BAY SMALL STAR BRAND W8046									
USFI6170	120	N	SN		BAY LR SOCK RR ANKLE BRAND?									
USFI6171	132	N	SN		BAY STAR LR ANKLE RR HEEL LIP?									
USFI6172	60	F	OH		BAY STAR SNIP									
USFI6173	180	F	SN		BAY LIP?									
USFI6174	144	N	SN		BAY STAR LR SOCK LIP?									
USFI6175	120	F	SN		BAY STAR LR ANKLE RR ANKLE BRAND?									
USFI6176	144	N	SN		BAY RF CORNET									
USFI6177	108	F	SN		BLK LIP?									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 16, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): SUSAN M. SKORUPSKI, DVM AREA VETERINARIAN IN CHARGE OH/WV

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140:

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE
TYPE TEST | TYPE TEST | TYPE TEST
DATE | DATE | DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID ND. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFI6178	60	N	SN	BLK	BRAND?								
1849 HARNION HARDIN TRD	USFI6179	108	N	SN	BLK	RF CORNET								
LA RUE. OH 43332	USFI6180	120	N	SN	BAY	STAR STRIP SNIP LR SOCK RR SOCK LIP?								
	USFI6181	84	N	SN	BAY	BRAND BLIND RIGHT EYE								
	USFI6182	180	N	SN	BAY	RR HEEL LIP?								
	USFI6183	192	F	SN	BLK	SMALL STAR LR ANKLE BRAND?								
	USFI6184	168	F	SN	BAY	STAR STRIP LF CORNET BRAND?								
	USFI6185	132	F	SN	BAY	BRAND E7304								
	USFI6186	156	F	SN	BAY	STAR LIP?								
	USFI6187	180	F	SN	BAY	LR CORNET RR CORNET LIP?								
	USFI6188	144	F	SN	BAY	STAR LR ROAN ANKLE RR ROAN ANKLE LIP?								
	USFI6189	204	F	SN	BAY	STAR LR SOCK RF ANKLE RR ANKLE BRAND?								
	USFI6190	144	F	SN	BAY	L RF CORNET RR ANKLE BRAND?								

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABEL IDSEAE. 2. TEH ANIAMLS WERE TO THEBEST OF THE KNOWLEDGE AND BELEIF OF THE ISUING VETERIANRIN NOT EXPOSED TO ANY COMMUNCIAEBOL IDESE WITHIN 60 DAY SPREGEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. TEH ANIAMLS WERE INSPECTED AND WERE FOUND HEATHY AND IN A PHYSICAL CODNITION FIT TO ED BE TRANPSORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAOTIN IN HEATH OR PHYSICAL CONTIN THAT COLD RENDER THE ANIAMLS UNFIT FOR TRANPSORT MAY RESULT IN THE HIPMENT TO BE REFUSED ENTRY INTO CANADA. 6. DURING THE PREGVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEDXICO. 7. FIT TO BE TRANSPROTED MEASN THAT NO ANAMLS HAS AN INFIRMITY, ILLNESS, INMURY OR ANY OTHER CODNTIION THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTE RONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFI	6161	X						X					X			LIP—	
2		6162					X		X					X			LIP—	
3		6163	X						X					X			LIP—	
4		6164		X					X							X	LIP—	
5		6165	X						X							X	LIP—	
6		6166					X				BELG			X				
7		6167					X				BELG			X				
8		6168					X		X							X	LIP—	
9		6169	X										STD			X	BRAND W8046	
10		6170	X										STD			X	BRAND—	
11		6171	X										STD			X	LIP—	
12		6172	X							X				X				
13		6173	X										STD	X			LIP—	
14		6174	X										STD			X	LIP—	
15		6175	X										STD	X			BRAND—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOUR (b)(6) [redacted]

SIGNA [redacted]

I HERE[redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to tha best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	0031					✓		✓					✓			LIP—	
2		0032			✓					✓				✓				
3		0033	✓							✓				✓				
4		0034			✓					✓				✓				
5		0035				BLK WHT							PAINT	✓				
6		0036			✓					✓				✓				
7		0037					✓			✓						✓		
8		0038	✓						✓							✓	LIP—	
9		0039	✓						✓							✓	LIP—	
10		0040			✓				✓					✓			LIP—	
11		0041	✓						✓					✓			LIP—	
12		0042					✓		✓					✓			LIP—	
13		0043	✓						✓					✓			LIP—	
14		0044	✓							✓				✓				
15		0045						RED ROAN		✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOUR(b)(6) [redacted]

SIGNA[redacted]

I HERE[redacted]FORMATION IN IT AS COMPL[redacted]DRM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0046	✓							✓						✓		
17		0047					✓			✓				✓				
18		0048						PAL		✓				✓				
19		0049			✓					✓						✓		
20		0050	✓						✓					✓				
21		0051	✓										STD			✓	BRAND	
22		0052	✓										STD			✓	LIP	SCAR LEFT REAR ANKLE
23		0053	✓										STD			✓	BRAND —	
24		0054	✓										STD			✓	BRAND —	
25		0055	✓										STD			✓	LIP	
26		0056			✓						PERCH			✓				
27		0057	✓						✓					✓			LIP	
28		0058					✓		✓					✓			LIP	
29		0059					✓			✓				✓				
30		0060					✓			✓				✓				
31																		
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37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3389

3. PAGE NO. 2 OF 1

4. DATE ISSUED: 3-19-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 239

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIUEI NC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

BAUER FRED E
1849 MAION HARDIN RD
LA RUE, OH 43332

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
~~USFI~~														
USFR0031	84	F	TH SOR		STAR STRIP SNIP LF CORNET LIP?									
USFR0032	60	F	OH BLK		NO OTHER MARKINGS									
~~USFR~~														
USFR 0033	84	F	OH BAY		FAINT STAR LR ANKLE RR ANKLE									
USFR0034	108	F	OH BLK		STAR SNIP									
USFR0035	120	F	PH BLK		WHT SNIP LF SOCK LR SOCK RF SOCK RR SOCK									
USFR0036	60	F	OH BLK		NO OTHER MARKINGS									
USFR0037	60	M	OH SOR		NO OTHER MARKINGS									
USFR0038	48	M	TH BAY		LIP?									
USFR0039	84	M	TH BAY		STAR STRIP SNIP LR SOCK LIP?									
USFR0040	180	F	TH BLK		STAR LIP?									
USFR0041	144	F	TH BAY		LIP?									
USFR0042	192	F	TH SOR		STAR STRIP SNIP RR SOCK LIP?									
USFR0043	120	F	TH BAY		FAINT STAR LIP?									
USFR0044	132	F	OH BAY		NO OTHER MARKINGS									
USFR0045	144	F	OH RED		ROAN BALD									
USFR0046	84	M	OH BAY		STAR LR CORNET									
USFR0047	72	F	OH SOR		STAR STRIP SNIP RF CORNET RR SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR. 19, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): WILLIAM F. CASTO, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3387

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-22-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIUE INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 06 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

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR0061	108	N	SN	BLK	STAR		LR ANKLE RF CORNET							
USFR0062	132	F	SN	BAY	STAR		FAINT SNIP LIP?							
USFR0063	108	F	OH	SOR	STAR		STRIP SNIP LR CORNET RR CORNET							
USFR0064	48	N	OH	PAL	STAR		LF ANKLE LR SOCK RR SOCK							
USFR0065	36	F	OH	SOR	STAR									
USFR0066	84	F	OH	SOR	STAR		STRIP SNIP LR ANKLE							
USFR0067	240	F	OH	PAL	STAR		STRIP SNIP LR SOCK							
USFR0068	108	N	OH	PAL	NO OTHER MARKINGS									
USFR0069	60	N	OH	PAL	LF SOCK LR SOCK RF SOCK RR SOCK									
USFR0070	96	N	PN	BAY	WHT BLAZE LF ANKLE LR SOCK RR CORNET									
USFR0071	84	F	OH	BAY	NO OTHER MARKINGS									
USFR0072	108	N	OH	BAY	STAR STRIP SNIP LF ANKLE LR SOCK RR SOCK									
USFR0073	96	N	SN	BLK	LR ANKLE RR ANKLE LIP?									
USFR0074	60	F	SN	SOR	STAR STRP SNIP RR CORNET LIP?									
USFR0075	72	F	OH	BLK	SNIP RF HEEL									
USFR0076	120	F	SN	BLK	BRAND 26 SCAR R HOCK									
USFR0077	144	F	OH	SOR	STAR STRIP SNIP LR CORNET RR CORNET									
USFR0078	180	F	SN	SOR	STAR STRIP LIP?									
USFR0079	180	N	SN	BAY	RR HEEL LIP?									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 22 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: DVM

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J3387

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFR0080	120	N	SN	BAY	RR	CORNET	BRAND?						
1849 MARION HARDIN RD	USFR0081	144	F	OH	SOR	STAR	STRIP	SNIP	LR	SOCK	RR SOCK	SCAR LR LEG		
LA RUE, OH 43332	USFR0082	120	F	SN	BLK	LR	HEEL RF	CORNET	BRAND?					
	USFR0083	168	N	SN	BAY	LR	ANKLE RR	ANKLE	LIP?					
	USFR0084	192	N	SN	BLK	STAR	SNIP	BRAND?						
	USFR0085	132	N	SN	BLK	FAINT	STAR	BRAND?						
	USFR0086	192	N	SN	BAY	STAR	STRIP	LR	ANKLE	RR	CORNET	LIP?		
	USFR0087	168	F	SN	BLK	FAINT	STAR	LIP?	SCAR L	FLANK				
	USFR0088	132	N	SN	SOR	STAR	RR HEEL	BRAND?						
	USFR0089	144	N	OH	PAI	STAR	STRIP	SNIP	LR	SOCK	RF ANKLE	RR SOCK		
	USFR0090	240	N	SN	BAY	LF	ANKLE	LR	ANKLE	RF	ANKLE	RR ANKLE	LIP?	

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEGE AND BELIEF OF THE ISSUING VETERIANIN NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDE IN THE UK OR CANADA SINCE BIRTH. 4. THE ANIMALS WERE INSEPCTERD AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTE HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR IN PHYSICAL CONDITION THAT COULD RENDER THE ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REEFUSED ENTRY INCANADA. 6. DURING THE PREVIOUS 21 DYS THE ANIAMLS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO 7. FIT TO BE TRAMPSORTED MEANS THAT NO ANIAMSL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT OCULULD AGGRAVATE THE ANIANLS CAUSING THE ANIAMMSL TO SUFFER. 8. hORSES ARE FIT FOR SLAUGHETER ON.LY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE KIGNELIEU

STREET ADDRESS: 1849 MARION NARO IN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	US FR	0061			✓								STO			✓		
2		0062	✓										STO	✓			LIP-	
3		0063					✓			✓				✓				
4		0064						PAL		✓						✓		
5		0065					✓			✓				✓				
6		0066					✓			✓				✓				
7		0067						PAL		✓				✓				
8		0068						PAL		✓						✓		
9		0069						PAL		✓						✓		
10		0070				BAY WHT							PAINT			✓		
11		0071	✓							✓				✓				
12		0072	✓							✓						✓		
13		0073			✓								STO			✓	LIP-	
14		0074					✓						STO	✓			LIP-	
15		0075			✓					✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IN (b)(6) [redacted]

SIGNATUR [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0076			✓								STD	✓			BRAND 26	SCAR RIGHT HOCK
17		0077					✓			✓				✓				
18		0078					✓						STD	✓			LIP—	
19		0079	✓										STD			✓	LIP—	
20		0080	✓										STD			✓	BRAND—	
21		0081					✓			✓				✓				SCAR LEFT REAR LEG
22		0082			✓								STD	✓			BRAND—	
23		0083	✓										STD			✓	LIP—	
24		0084			✓								STD			✓	BRAND—	
25		0085			✓								STD			✓	BRAND—	
26		0086	✓										STD			✓	LIP—	
27		0087			✓								STD	✓			LIP—	SCAR LEFT FLANK
28		0088					✓						STD			✓	BRAND—	
29		0089						PAC		✓						✓		
30		0090	✓										STD			✓	LIP—	
31																		
32																		
33																		
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41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3392

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: 3-22-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIUE INC. 595 RUE ROYALE C.P.1010 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

BAUER FRED E
1849 MAIRON HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFR0091	96	N	SN BAY		STAR		RR BRAND?				
USFR0092	240	F	SN BLK		STAR		LF CORNET LIP?				
USFR0093	60	F	HL SOR		LR SOCK		RR SOCK				
USFR0094	120	F	PN BLK		WHT STAR STRIP SNIP						
USFR0095	108	N	SN BAY		BRAND X4666						
USFR0096	72	F	PN SOR		WHT BALD RR CORNET SCAR R LEGS						
USFR0097	108	N	SN BAY		LR ANKLE						
USFR0098	24	F	BL SOR		BLAZE						
USFR0099	132	F	SN BAY		LIP?						
USFR0100	60	F	OH DUN		STAR STRIP SNIP LR ANKLE BLIND R EYE						
USFR0101	150	F	SN BAY		STAR STRIP LR SOCK RF ANKLE						
USFR0102	24	F	SN BAY		STAR						
USFR0103	108	N	SN BAY		STAR BRAND X5060						
USFR0104	72	N	SN BAY		STAR LR ANLE RR CORNET						
USFR0105	132	N	SN BAY		LR CORNET RF ANKLE RR ANKLE BRAND VN897						
USFR0106	120	N	SN BAY		LIP?						
USFR0107	180	N	SN BAY		STAR BRAND PN985						
USFR0108	132	N	SN BLK		BRAND VU159						
USFR0109	132	N	SN BAY		LIP?						

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 22 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS EARNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J3392

3. PAGE NO. 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFR0110	132	N	SN	BAY	BRAND		W602B							
USFR0111	204	N	SN	BAY	LIP?									
USFR0112	24	F	SN	BAY	STAR RR ANKEL									
USFR0113	84	F	SN	BAY	STAR RR HEEL BRAND?									
USFR0114	48	F	OH	SOR	STAR LR ANKLE									
USFR0115	192	N	OH	SOR	STAR LR SOCK RR SOCK									
USFR0015	60	F	SN	BAY	STAR									
USFR0117	180	N	SN	BAY	FAINT STAR LIP?									
USFR0118	144	F	SN	BAY	FAINT STAR LR SOCK BRAND BLIND R EYE									
USFR0119	96	N	TN	BLK	STAR LIP?									
USFR0120	48	N	TN	BAY	STAR SNIP LF ANKE LR ANKLE LIP?									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHYA ND FREE FROM EVIDENCE OF COMMUNICABEL DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOULEDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNCAIEBL DISEASE WITHIN 120 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANAIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANAIMLS HAVE WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION DFIT TO BE TRANSPOR TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIARIOR IN HEALTH OR INPHYSICAL CONDITIOI CONDITION THAT COULS RENDER THE ANIANLS UNFIT FOR TRANPOSRT MAY RESULT IN THIS SHISPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIMALS HAVE ANA INFIRMITY, ILLNESS, INJURY OR ANY OTHER CODNITION THAT MAY AGGRAVATE THE ANIAMLS CAUSING THE ANIAML TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	0091	✓										STD			✓	BRAND —	
2		0092			✓								STD	✓			LIP —	
3		0093					✓						HAFL	✓				
4		0094				BLK WHT							PAINT	✓				
5		0095	✓										STD			✓	BRAND X4666	
6		0096				SOR WHT							PAINT	✓				SCARS REAR LEGS
7		0097	✓										STD			✓		
8		0098					✓				BELG			✓				
9		0099	✓										STD	✓			LIP —	
10		0100						DUN		✓				✓				BLIND RIGHT EYE
11		0101	✓										STD	✓				
12		0102	✓										STD	✓				
13		0103	✓										STD			✓	BRAND X5060	
14		0104	✓										STD			✓		
15		0105	✓										STD			✓	BRAND VN897	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM (b)(6) [redacted]

SIGNATUR [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0106	✓										STD			✓	LIP—	
17		0107	✓										STD			✓	BRAND PN985	
18		0108			✓								STD			✓	BRAND VJ169	
19		0109	✓										STD			✓	LIP—	
20		0110	✓										STD			✓	BRAND W6028	
21		0111	✓										STD			✓	LIP—	
22		0112	✓										STD	✓				
23		0113	✓										STD	✓			BRAND—	
24		0114					✓			✓				✓				
25		0115					✓			✓						✓		
26		0116	✓										STD	✓				
27		0117	✓										STD			✓	LIP—	
28		0118	✓										STD	✓			BRAND	BLIND RIGHT EYE
29		0119			✓				✓							✓	LIP—	
30		0120	✓						✓						✓		LIP—	
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3391

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-22-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLUEI INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR0121	72	F	QH BAY		STAR									
USFR0122	72	F	AP BLUE ROAN		LAREGE STAR									
USFR0123	120	F	QH BAY		STAR LR ANKEL RR ANKLE									
USFR0124	48	F	QH BAY		BALD LF SOCK RR SOCK									
USFR0125	120	F	QH BAY		LF CORENT LR CORNET RF CORNET									
USFR0126	96	F	QH BAY		STAR									
USFR0127	84	F	QH BAY		ROAN NO OTHER MARKINGS									
USFR0128	48	F	QH DUN		STAR LF CORNET LR CORNET RF CORNET RR SOCK									
USFR0129	36	F	QH SOR		BLAZE SPOT ON KNEEM CORNET LR SOCK RF SPOT ON KNEE RR SOCK									
USFR0130	120	F	QH SOR		BLAZE LF CORNET LR SOCK RR SOCK									
USFR0131	144	F	QH SOR		BLAZE LF SOCK LR SOCK RF SOCK RR SOCK									
USFR0132	144	U	QH BAY		STAR SNIP									
USFR0133	60	M	TH SOR		STAR STRIP SNIP LIP?									
USFR0134	240	M	AB BAY		STAR STRIP SNIP LR ANKLE									
USFR0135	240	F	PN SOR		WHT BALD LF SOCK LR SOCK RF SOCK RR SOCK CROOKED RF LEG									
USFR0136	84	F	PN SOR		WHT BLAZE LF SOCK LR SOCK RR SOCK									
USFR0137	84	F	QH SOR		STAR STRIP SNIP LR CORNET RR SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 22 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO.: [illegible]91

3. PAGE NO.: 2

15. CONSIGNEE'S NAME: VIANDE RICHLIUEI INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE O
BAUER FRED E	USFR0138	60	F PN SOR WHT BLAZE RF SOCK										
1849 MARION HARDIN RD	USFR0139	72	F PN BAY WHT										
LA RUE, OH 43332	USFR0140	48	F OH PAL BALZE LR SOCK RF SOCK										
	USFR0141	120	F PN BAY WHT BALZE										
	USFR0142	60	F OH RED ROAN BLAZE LR ANKLE RR ANKLE										
	USFR0143	72	F OH BAY STAR STRIP SNIP RR CORNET										
	USFR0144	84	F PN BAY WHT STAR STRIP SNIP										
	USFR0145	60	M OH SOR STAR SNIP										
	USFR0146	84	M OH SOR STAR SNIP										
	USFR0147	48	M PN BAY WHT BALZE										
	USFR0148	120	F PN DUN WHT BALZE										
	USFR0149	60	F OH WHITE										
	USFR0150	120	F PN SOR WHT BALD LF SOCK LR SOCK RF SOCK RR SOCK										

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABEL DISESAE. 2. THE ANIAMLAS WERE TO THE BEST OF THE KNOWLEDGE AND BELEIF OF THE ISSUING VETERIARNIN NOT EXPOSED TO ANY COMMUNICABEL DISEAE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVER ESIDED IN THE US OR CANAD SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CODITIION TFIT TO BE TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIRATIN IN HELATH OR IN PHYSICAL COUNTIION TAHT COULD RENDER THE ANIAMLS UNFIT FOR TRANSPROT MAYR ESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANASA. 6. DURING THE PREVIOUS 21 DAYS THE ANAIMSL HAVE NO BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIAMLS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDTION THAT COUDL AGGRAVATE THE ANAIMLS CAUSING THE ANIAMLS TO SUFFER AND HORSES AR FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD
STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332
CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995
AREA CODE & TELEPHONE NO.: 450 882 490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	0121	x							x				x				
2		0122						BLUE ROAN					APP	x				
3		0123	x							x				x				
4		0124	x							x				x				
5		0125	x							x				x				
6		0126	x							x				x				
7		0127						BAY ROAN		x				x				
8		0128						DUN		x				x				
9		0129					x			x				x				
10		0130					x			x				x				
11		0131					x			x				x				
12		0132	x							x						x		
13		0133					x		x							x	LIP—	
14		0134	x										ARAB			x		
15		0135				SOR WHT							PAINT	x				CROOKED RIGHT FRONT LEG

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATUR (b)(6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0136				SOR WHT							PAINT	✓				
17		0137					✓			✓				✓				
18		0138				SOR WHT							PAINT	✓				
19		0139				BAY WHT							PAINT	✓				
20		0140						PAL		✓				✓				
21		0141				BAY WHT							PAINT	✓				
22		0142						RED ROAN		✓				✓				
23		0143	✓							✓				✓				
24		0144				BAY WHT							PAINT	✓				
25		0145					✓			✓						✓		
26		0146					✓			✓						✓		
27		0147				BAY WHT							PAINT			✓		
28		0148				DUN WHT							PAINT	✓				
29		0149						WHITE		✓				✓				
30		0150				SOR WHT							PAINT	✓				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3393

3. PAGE NO.: 2 of 1

4. DATE ISSUED: 3-25-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIUE INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR0151	120	F	BL	SOR	STAR		STRIP SNIP							
USFR0152	144	F	BL	SOR	STAR		STRIP							
USFR0153	180	F	BL	SOR	STAR		STRIP SNIP							
USFR0154	24	F	BL	SOR	STAR		STRIP SNIP		CROOKED LF LEG					
USFR0155	180	F	SN	BAY	STAR		LR SOCK RR ANKLE		LIP?					
USFR0156	132	F	SN	BAY	LR ANKLE LIP?									
USFR0157	180	F	SN	BAY	STAR		LF ANKLE LR SOCK		RR SOCK LIP?					
USFR0158	144	F	SN	BAY	BRAND?									
USFR0159	156	F	SN	BAY	STAR									
USFR0160	156	F	PN	DUN	WHT BLAZE LF SOCK LR SOCK									
USFR0161	144	F	SN	BAY	FAINT STAR LIP?									
USFR0162	60	F	HL	SOR	BLAZE LR ANKLE RR SOCK									
USFR0163	96	F	SN	BAY	LR CORNET									
USFR0164	108	M	SN	BAY	NO OTHER MARKINGS									
USFR0165	144	M	OH	WHT	NO OTHER MARKINGS									
USFR0166	240	M	SN	BAY	STAR		STRIP SNIP		LF CORNET LR ANKLE RF CORNET					
USFR0167	120	F	SN	SOR	STAR									
USFR0168	132	M	OH	BLK	LR SOCK									
USFR0169	120	F	MULE	BLK	LR ANKLE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR. 25, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): VICTORIA E SPELLMIRE, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

15. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

CERTIFICATE NO. FROM VS FORM 17-140: 0339

3. PAGE NO. 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DATE: DISEASE / TYPE TEST / DATE: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFR0170	108	N	SN	BAY	LR ANKE									
1849 MAIRON HARDIN RD	USFR0171	72	N	SN	BAY	STAR LR ANKLE RR CORNER									
LA RUE, OH 43332	USFR0172	96	F	OH	BAY	NO OTHER MARKINGS									
	USFR0173	120	N	SN	BAY	RR CORNET BRAND?									
	USFR0174	108	N	SN	BAY	STAR BRAND X5060									
	USFR0175	240	F	PE	BLK	NO OTHER MARKINGS									
	USFR0176	96	F	OH	BLK	NO OTHER MARKINGS									
	USFR0177	180	N	OH	SOR	STAR STRIP SNIP LF SOCK LR SOCK RR SOCK									
	USFR0178	120	N	HL	SOR	BLAZE									
	USFR0179	192	N	OH	BAY	BALZE LR SOCK RF SOCK									
	USFR0180	180	F	PE	GRAY	NO OTHER MARKINGS									

1. THE ANIMALS WERER INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FFREE FROM EVIDENCE OF COMMUNICABEL DISEAE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWLEDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPORTED TO ANY COMMUNICABEL DISEAS WITHIN 60 DAYS PRECEDING THE DATE OF ISNEPCTION. 3. THE ANAIMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTEDAND WERE FOUND HEALTHY AND IN A PHYSICAL CODNITION FIT TO BE TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY VETERIAURIN IN HEALTH OR IN PHYSICAL CONDITON FTHAT COULD RENDER THE ANIAMSL UNFIT FOR TRANSPORT MAY RESULT IN THE HSIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DUIRNG THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT T BE TRANSPORTED MEANS THAT NO ANIAMLS HAS AN INFIRMTIY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANAINSL TO SUFFER. 8. FHORSES ARE FIT FOR SLAUGHTER ONLY.

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

[redacted] displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses 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	LSFR	0151					✓				BELG			✓				
2		0152					✓				BELG			✓				
3		0153					✓				BELG			✓				
4		0154					✓				BELG			✓				CROOKED LEFT FRONT LEG
5		0155	✓										STD	✓			LIP –	
6		0156	✓										STD	✓			LIP –	
7		0157	✓										STD	✓			LIP –	
8		0158	✓										STD	✓			BRAND –	
9		0159	✓										STD	✓				
10		0160				DUN WHT							PAINT	✓				
11		0161	✓										STD	✓			LIP –	
12		0162					✓						HAFL	✓				
13		0163	✓										STD	✓				
14		0164	✓										STD			✓		
15		0165						WHT		✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b)(6)

SIGNA[redacted]

I HERE[redacted]N IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0166	✓										STD			✓		
17		0167					✓						STD	✓				
18		0168			✓					✓						✓		
19		0169			✓								MULE	✓				
20		0170	✓										STD			✓		
21		0171	✓										STD			✓		
22		0172	✓							✓				✓				
23		0173	✓										STD			✓	BRAND —	
24		0174	✓										STD			✓	BRAND X5060	
25		0175			✓						PERCH			✓				
26		0176			✓					✓				✓				
27		0177					✓			✓						✓		
28		0178					✓						HAFL			✓		
29		0179	✓							✓						✓		
30		0180		✓							PERCH			✓				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3394

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-25-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIUE INC. 595 RUE ROAVEL C.P.1010 MASSEDVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR0181	240	F	PH	BLK WHT STAR STRIP SNIP LF								SOCK LR	SOCK	
			RF	SOCK RR SOCK										
USFR0182	144	F	QH	BAY NOT OTHER MARKINGS										
USFR0183	144	F	QH	BLK FAINT STAR										
USFR0184	60	N	QH	SOR STAR STRIP SNIP LFLR SOCK										
USFR0185	60	N	QH	SOR NO OTHER MARKINGS										
USFR0186	120	N	QH	BAY STAR LR CORNET										
USFR0187	168	F	QH	DUN BLAZE LF SOCK LR SOCK RR SOCK										
USFR0188	132	N	TH	BAY LIP?										
USFR0189	240	N	QH	SOR FAINT STAR LR CORNET RR CORNET										
USFR0190	48	F	QH	BAY STAR SCAR LR ANKLE										
USFR0191	120	F	QH	BAY STAR TIPPED EARS										
USFR0192	60	F	QH	SOR STAR STRIP SNIP										
USFR0193	120	F	QH	BAY STAR SNIP LR ANKLE BRAND SIDEWAYS V M BESIDE										
USFR0194	36	F	QH	BAY STAR SNIP LR SOCK RR ANKLE										
USFR0195	48	F	QH	SOR STAR STRIP										
USFR0196	72	F	QH	SOR LF SOCK RR ANKEL										
USFR0197	60	N	QH	SOR BALZE LR CORNET										
USFR0198	120	F	QH	BAY RR CORNET										

VALID ONLY WHEN USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR. 25, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS ERNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): VICTORIA E SPELLMIRE, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140:

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFR0199	48	F	PN	BLK	WHT	STAR	STRIP	SNIP	LF	SOCK	LR SOCK	RF SOCK	RR
1849 MARION HARDIN RD					SOCK									
LA RUE, OH 43332	USFR0200	144	F	QH	BLK	STAR								
	USFR0201	120	F	QH	BLK	NO	OTHER	MARKINGS						
	USFR0202	60	N	QH	SOR	STAR	STRIP	SNIP						
	USFR0203	144	F	AP	SOR	WHT	STAR	STRIP	SNIP	LF	CORNET			
	USFR0204	144	N	QH	BAY	STAR	STRIP	SNIP	LR	SOCK	RR	CORNET		
	USFR0205	60	F	QH	BAY	NO	OTHER	MARKINGS						
	USFR0206	120	N	QH	BLK	STAR	STRIP	SNIP	LF	ANKLE	LR	ANKLE		
	USFR0207	72	F	QH	BLK	NO	OTHER	MARKINGS						
	USFR0208	96	F	QH	BAY	STAR	STRIP	SNIP	LR	SOCK	RR	SOCK		
	USFR0209	60	F	QH	SOR	BLAZE								
	USFR0210	72	F	QH	BAY	BALZE	LR	SOCK	RR	SOCK				

1. THE ANIAMSL WERE INSPECTED WITHIN 30 DYS PRIOR TO EXPROT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE FO COMMUNICABLE DISESAE. 2. THE ANAIMS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETYERAININ NOT EXPOSED TO ANY COMMUNICABEL DISESAE WTIHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESDIED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDTIION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAORIN IN HEATH OR IN PHYSICAL CODNITION THAT COULD RENDER THE ANIAMLS UNFIT CAUMAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMSL IN THIS SHIPMNE THAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXIC MEXICO. 7. FIT TO BE TRANSPORTE DMEAND THT NO ANNIMALS HAS AN INFIRMITY, ILLNESS, IMMURY OR ANY OTHER OCDNITON THAT COULD AGGRAVATE THE ANIANLS CAUSING THE ANIAMSL TO SUFFER. 8. HORSES ARE FIT FOR SLUGTHE RONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

[illegible] TRAVELING A SLAUGHTER FACILITY
(Please type or print in ink)

[illegible] 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER | CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD | STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332 | CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC JOGIKO

AREA CODE & TELEPHONE NO.: 740 499 3995 | AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	0181				BLK WHT							PAINT	X				
2		0182	X							X				X				
3		0183			X					X				X				
4		0184					X			X						X		
5		0185					X			X						X		
6		0186	X							X						X		
7		0187						DUN		X				X				
8		0188	X						X							X	LIP—	
9		0189					X			X						X		
10		0190	X							X				X				SCAR LEFT REAR ANKLE
11		0191	X							X				X				TIPPED EARS
12		0192					X			X				X				
13		0193	X							X				X			BRAND >M	
14		0194	X							X				X				
15		0195					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

(b)(6)

SIGNATU[redacted]

I HEREBY [redacted] HE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0196					✓			✓				✓				
17		0197					✓			✓						✓		
18		0198	✓							✓				✓				
19		0199				BLK WHT							PRINT	✓				
20		0200			✓					✓				✓				
21		0201			✓					✓				✓				
22		0202					✓			✓						✓		
23		0203						SGL WHT					APP	✓				
24		0204	✓							✓						✓		
25		0205	✓							✓				✓				
26		0206			✓					✓						✓		
27		0207			✓					✓				✓				
28		0208	✓							✓				✓				
29		0209					✓			✓				✓				
30		0210	✓							✓				✓				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3396

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-29-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIUE INC. 595 RUE ROAYLEC C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR0211	120	F	OH SOR		STAR STRIP									
USFR0212	96	F	OH SOR		LF SOCK LR CORNET RR CORNET									
USFR0213	144	F	OH SOR		BLAZE RR SOCK									
USFR0214	84	F	OH SOR		STAR SNIP									
USFR0215	72	F	OH SOR		STAR STRIP SNIP BUMP ON NOSE									
USFR0216	108	F	OH BLK		SNIP									
USFR0217	120	F	BL RED		ROAN BLAZE LR SOCK RF ANKLE RR SOCK									
USFR0218	84	F	SN BAY		STAR STRIP SNIP LR SOKC RF ANKLE RR SOCK									
USFR0219	60	M	OH SOR		BLAZE									
USFR0220	108	M	SN BAY		STAR RR CORNET BRAND? LIP? SCAR RR ANKLE									
USFR0221	144	F	PN SOR		WHT STAR STRIP SNIP CROOKED RF LEG									
USFR0222	60	M	OH BAY		FAINT STAR									
USFR0223	72	F	AP RED		ROAN BALD LF CORNET LR SOCK RF CORNET RR SOCK									
USFR0224	94	M	OH SOR		STAR STRIP SNIP LF SOCK LR CORNET RF ANKLE RR SOCK									
USFR0225	60	F	OH BAY		STAR STRIP SNIP LR SOCK RR ANKLE									
USFR0226	84	F	OH BAY		STAR STRIP SNIP									
USFR0227	96	F	OH SOR		STAR STRIP SNIP LR SOCK									
USFR0228	144	F	OH BAY		FAINT STAR LR CORNET									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR. 29, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): STEVEN R WILDEN, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER FRED E

16. CONSIGNEE'S NAME
VIANDE RICHLIEU INC.

3. PAGE NO.
2

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE
TYPE TEST | TYPE TEST | TYPE TEST
DATE | DATE | DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) ——
CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR0229	72	F	OH	SOR	STAR	SCAR	RR	LEG						
USFR0230	144	F	OH	SBAY	STAR	SNIP	RR	SOCK						
USFR0231	60	F	OH	SOR	BLAZE	LF	SOCK							
USFR0232	60	M	OH	BAY	FAINT	STAR	LR	HEEL						
USFR0233	144	F	TH	BAY	LIP?									
USFR0234	60	F	AP	BLUE	ROAN	SCAR	LR	ANKLE						
USFR0235	60	F	OH	SOR	STAR	RR	ANKEL							
USFR0236	60	M	OH	SOR	SNIP									
USFR0237	72	F	OH	SOR	STAR	STRIP	SNIP							
USFR0238	96	F	PN	BLK	WHT	STAR	STRIP	SNIP						
USFR0239	120	F	OH	DUN	STAR									
USFR0240	96	M	OH	GRAY	ROAN	FACE	LF	CORNET	LR	CORNET	RF	CORNET	RR	CORNET

1. THE ANIMALS WERE INSPECTED AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICAEDL DISEASE WITHIN 30 DAYS. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIN NOT EXPOED TO SANY COMMUNICABL DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF ISNSPECTION 3. THE ANIMALS WERE HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CODNTITION FIT TO BE TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAROTIN IN HEALTH OR GIN PHYSICAL CODNITION THAT COULD RENDER THE ANIAMSL UNFIT FOR TRANSPORT MAYR ESULT IN THE ASIPMENT TO BE REFUSED ENIRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANAIMLS IN THIS SHIPMENT HAVL NOT BEENI N THE SHTATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIAMLS HAS AN INFIRTMIYT, ILLNES., INJURY OT ANY OTHER CODNITION NTHAT COULD AGGRAVATE THE ANIAMNSL CAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGTHER ONLY.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	0211					✓			✓				✓				
2		0212					✓			✓				✓				
3		0213					✓			✓				✓				
4		0214					✓			✓				✓				
5		0215					✓			✓				✓				BUMP ON NOSE
6		0216			✓					✓				✓				
7		0217						RED ROAN					HAFL	✓				
8		0218	✓										STO	✓				
9		0219					✓			✓						✓		
10		0220	✓										STO			✓	BRAND – LIP –	SCAR RIGHT REAR ANKLE
11		0221				SOR WHT							PAINT	✓				CROOKED RIGHT FRONT LEG
12		0222	✓							✓						✓		
13		0223						RED ROAN					APP	✓				
14		0224					✓			✓						✓		
15		0225	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOU(b)(6)

SIGN

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0226	✓							✓				✓				
17		0227					✓			✓				✓				
18		0228	✓							✓				✓				
19		0229					✓			✓				✓				SCAR RIGHT REAR LEG
20		0230	✓							✓				✓				
21		0231					✓			✓				✓				
22		0232	✓							✓						✓		
23		0233	✓						✓					✓			LIP –	
24		0234						BLUE ROAN					APP	✓				SCAR LEFT REAR ANKLE
25		0235					✓			✓				✓				
26		0236					✓			✓						✓		
27		0237					✓			✓				✓				
28		0238				BLK WHT							PRINT	✓				
29		0239						DUN		✓				✓				
30		0240		✓						✓					✓			
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3395

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-29-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 389

14. ZIP CODE: 43332

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 3 - Air, 2 - Truck, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHLIEU INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MAION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR0241	24	M	OH BAY		STAR		STRIP SNIP LR ANLE					RR ANKLE		
USFR0242	144	M	SN BAY		BRAND?									
USFR0243	180	M	SN BAY		STAR		LR ANKLE RR ANKLE LIP?							
USFR0244	132	F	SN BAY		STAR		LF CORNET LIP?							
USFR0245	156	M	SN BLK		RF SOCK LIP?									
USFR0246	96	F	TH BLK		STAR		FAINT SNIP LR ANLE					LIP?		
USFR0247	192	F	PE GRAY		NO OTHER MARKINGS									
USFR0248	96	M	PM BLK		WHT STAR FAINT SNIP									
USFR0249	180	M	SN BAY		SNIP LIP?									
USFR0250	240	M	SN BAY		LF HEEL LRF CORNET LIP?									
USFR0251	96	M	SN BLK		LR ANKLE RR ANLE BRAND?									
USFR0252	180	M	SN BAY		STAR LIP?									
USFR0253	144	M	SN BAY		BRAND 9F321									
USFR0254	192	M	SN BAY		LF HEEL LR CORNET RR HEEL LIP?									
USFR0255	180	F	SN BAY		LR ANKLE LIP? BLIND L EYE BUMP L KNEE									
USFR0256	24	M	TH BAY		STAR FAINT SNIP LR SOCK RF ANKLE									
USFR0257	180	M	SN BAY		BLAZE LR ANKLE BRADN?									
USFR0258	144	F	SN BAY		BRAND?									
USFR0259	240	M	SN BAY		FAINT STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR. 29, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): STEVEN R WILDEN, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: 03395

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIUE INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OR OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

—— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFR0260	132	N	SN	BAY	FAINT	STAR	LR	CORNET	BRAND?				
1849 MAIRON HARDIN RD	USFR0261	180	F	SN	BAY	RR	HEEL	LIP?	BRAND	65				
LA RUE, OH 43332	USFR0262	240	F	SN	BAY	LR	ANKLE	LIP?						
	USFR0263	192	N	SN	BAY	NO	OTHER	MARKINGS						
	USFR0264	144	F	MULE	SOR	STAR								
	USFR0265	48	N	TH	BAY	LR	HEEL	LIP?						
	USFR0266	72	N	TH	SOR	SHORT	STRIP	RF	CORNET	RR	SOCK	LIP?		
	USFR0267	48	N	TH	BAY	STAR								
	USFR0268	120	F	QH	SOR	BLAZE	RR	ANKLE						
	USFR0269	144	N	QH	SOR	STAR	LR	SOCK	RR	SOCK				
	USFR0270	132	F	QH	SOR	STAR	SNIP	LF	SOCK	LR	ANKLE	RF	SOCK	RR SOCK

1. THE ANAIMSL WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BLEIF OF THE ISSHING VETERAINN NOT EXPOSED TO ANY COMMUNICAEBL DISESAE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANAIMSL HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMSL WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CODNTIION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIACTIN IN HEALTHY OR IN PHYSICAL CODNTIION THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS HIPSMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPROTED MEANS THAT NO ANIMLS AS AN INFRMIT, ILLNES, INJURY OR INJURY, OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIMSL CAUSING CAUSING THE ANIMSL TO SUFFER 8. HORSES ARE FIT FOR SALUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FREO E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	0241	X							X					X			
2		0242	X										STD			X	BRAND –	
3		0243	X										STD			X	LIP –	
4		0244	X										STD	X			LIP –	
5		0245			X								STD			X	LIP –	
6		0246			X				X					X			LIP –	
7		0247		X							PERCH			X				
8		0248				BLK WHT							PRINT			X		
9		0249	X										STD			X	LIP –	
10		0250	X										STD			X	LIP –	
11		0251			X								STD			X	BRAND –	
12		0252	X										STD			X	LIP –	
13		0253	X										STD			X	BRAND VF321	
14		0254	X										STD			X	LIP –	
15		0255	X										STD	X			LIP –	BLIND LEFT EYE BUMP LEFT KNEE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b)(6) [redacted]

SIGNATU[redacted]

I HEREB[redacted]ORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0256	X						X							X		
17		0257	X										STD			X	BRAND—	
18		0258	X										STD	X			BRAND—	
19		0259	X										STD			X		
20		0260	X										STD			X	BRAND—	
21		0261	X										STD	X			LIP— BRAND 65	
22		0262	X										STD	X			LIP—	
23		0263	X										STD			X		
24		0264					X						MULE	X				
25		0265	X						X							X	LIP—	
26		0266					X		X							X	LIP—	
27		0267	X						X							X		
28		0268					X			X				X				
29		0269					X			X						X		
30		0270					X			X				X				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER FRED E

2. CERTIFICATE NO: J 3397

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4-1-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P.1101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFR0271	144	F	H SOR BLAZE											
~~USFR0272~~														
USFR0272	72	F	QH SOR BALZE LF SOCK LR SOCK									RF SOCK RR SOCK		
USFR0273	60	N	QH SOR STAR LR SOCK RR SOCK											
USFR0274	108	N	QH BAY NO OTHER MARKINGS											
USFR0275	72	F	QH PAL STAR											
USFR0276	144	F	QH DUN BLAZE LF SOCK RF SOCK RR CORNET											
USFR0277	60	N	QH BAY STAR STRIP LR SOCK											
USFR0278	240	F	TH BAY STAR LIP?											
USFR0279	120	N	PN SOR WHT BLAZE											
USFR0280	144	F	QH BAY FAINT STAR FAINT SNIP											
USFR0281	144	F	QH BAY NO OTHER MARKINGS											
USFR0282	120	F	MULE BAY NO OTHER MARKINGS											
USFR0283	60	N	QH BLK LR HEEL RR CORNET											
USFR0284	60	N	SN BAY FAITN STAR											
USFR0285	120	N	SN BAY STAR SNIP LR SOCK RR SOCK											
USFR0286	132	F	QH SOR BLAZE RR ANKLE											
USFR0287	60	F	QH SOR SNIP LR SOCK											
USFR0288	144	F	QH SOR STAR SNIP LF SOCK LR CORNET RF SOCK RR SOCK											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals an route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 1 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian: Steven R Wilden DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): STEVEN R WILDEN, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIUE INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J3397

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state coda & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC J	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR0289	132	N	QH	SOR	STAR	LR	SOCK	RR	SOCK					
USFR0290	120	F	QH	SOR	STAR	STRP	SNIP	RR	SOCK					
USFR0291	108	F	QH	SOR	STAR	STRIP	SNIP							
USFR0292	84	F	TH	SOR	STAR	SNIP	LR	CORNET	RR	CORNET	LIP?			
USFR0293	60	N	TH	BAY	STAR	SNIP	LF	SOCK	LR	SOCK	RR	ANKLE	LIP?	
USFR0294	144	F	BL	SOR	BLAZE	SCRATCH	LEFT	REAR	LEG					
~~USFR)2(~~														
USFR0295	48	N	TH	BLK	LIP?									
USFR0296	72	N	TH	BAY	LIP?									
USFR0297	192	N	BL	SOR	BALZE									
USFR0298	180	N	QH	RED	ROAN	STAR	LF	ANKLE	CROOKED	RF	LEG			
USFR0299	120	F	QH	BAY	LR	CORENT	RR	HEEL						
USFR0300	132	F	QH	BAY	FAINT	STAR	RR	ANKLE						

1. THE ANIMALS WERE INSPECTED WITHIN 3~~4~~0 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABEL DISEASE. 2. THE ANIAMSL WERE TO THE EBST OF THE KNWOELDGE AND BELEIF OF THE ISSUEING VETERIANRIN NOT EXPOSED TO ANY COMMUNCIEBL DIESAE WITHIN 60 DAYS RPECEDING THE DATE OF INSPECTION. 3. TE ANAIMSL HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIANSL WERE INSPECTED AND WERE FOUND HEALTHY AND IN APHYSICAL COONTIION FIT TO BE TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIARITIN IN HEALTH OR PIN PHYSICAL COONTIOIN THAT COULD RENDER THE NAIANLS UNFIT TO FOR TRANSPROT MAYR ESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANAINLS IN THIS SHIPMENT HACE NO T BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPROTED MEANST THAT NO ANIAMLS HAVE AN INFIRMTIY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT OCULD ~~AGFGT~~ AGGRAVATE THE ANAINSL UNFIT CAUSING THE ANAINSL TO SUFFER. 8. HORSESA RE FIT FOR SLAUGTHER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 8 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFR	0271					✓			✓				✓				
2		0272					✓			✓				✓				
3		0273					✓			✓						✓		
4		0274	✓							✓						✓		
5		0275						PAL		✓				✓				
6		0276						OLN		✓				✓				
7		0277	✓							✓						✓		
8		0278	✓						✓					✓			LIP-	
9		0279				SOR WHT							PAINT			✓		
10		0280	✓							✓				✓				
11		0281	✓							✓				✓				
12		0282	✓										MULE	✓				
13		0283			✓					✓						✓		
14		0284	✓										STD			✓		
15		0285	✓										STD			✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS (b)(6) [redacted]

SIGNAT [redacted]

I HEREB [redacted] MATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0286					✓			✓				✓				
17		0287					✓			✓				✓				
18		0288					✓			✓				✓				
19		0289					✓			✓						✓		
20		0290					✓			✓				✓				
21		0291					✓			✓				✓				
22		0292					✓		✓					✓			LIP—	
23		0293	✓						✓							✓	LIP—	
24		0294					✓				BELG			✓				SCRATCHS LEFT REAR LEG
25		0295			✓				✓							✓	LIP—	
26		0296	✓						✓							✓	LIP—	
27		0297					✓				BELG					✓		
28		0298						RED ROAN		✓						✓		CROOKED RIGHT FRONT LEG
29		0299	✓							✓				✓				
30		0300	✓							✓				✓				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L048803

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USHA6270	108	N	PAINT CHESTNUT WHITE BLAZE BRAND M D LARGE L KNEE										
1849 MARION HARDIN RD.	USHA6271	96	F	QH CHESTNUT STAR LR SOCK BRANDS 623 M WITH A CIRCLE										
LA RUE , OH 43332	USHA6272	84	N	QH BAY STAR SNIP										
	USHA6273	60	N	QH BAY BLAZE LR ANKLE										
	USHA6274	240	N	QH CHESTNUT BLAZE LR ANKLE										
	USHA6275	180	N	QH DUN RR ANKLE BLIND R EYE										
	USHA6276	48	N	QH BAY STAR LR ANKLE RR CORNET										
	USHA6277	132	N	QH BLACK STAR LR CORNET BLIND R EYE										
	USHA6278	120	N	QH BAY STAR SNIP LR ANKLE										
	USHA6279	156	N	QH BAY NO OTHER MARKINGS										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

[illegible] valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 mins per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USNA	6251						DUN		✓				✓				
2		6252					✓			✓				✓			BRAND 579	
3		6253					✓			✓				✓				
4		6254				BAY WHT							PAINT	✓				
5		6255					✓			✓				✓			BRAND 459	
6		6256						DUN		✓				✓			BRAND 112	
7		6257						DUN		✓				✓			BRAND 446	
8		6258					✓			✓				✓				
9		6259		✓						✓				✓				
10		6260					✓			✓				✓				
11		6261					✓				BELG			✓			BRAND 166	
12		6262					✓			✓				✓				
13		6263					✓			✓				✓				
14		6264	✓							✓						✓		
15		6265					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

(b)(6)

SIGNATU[redacted]

I HEREB[redacted]NFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHA	6266					b				BEL6			b			BRAND 248	
17		6267					b				BEL6			b			BRAND 6	
18		6268			b					b				b			BRANDS B 468	
19		6269					b			b						b	BRAND MH	
20		6270				CHESTN WHT							PAINT			b	BRAND M-D	LARGE LEFT KNEE
21		6271					b			b				b			BRANDS M 623	
22		6272	b							b						b		
23		6273	b							b						b		
24		6274					b			b						b		
25		6275						DUN		b						b		BLIND RIGHT EYE
26		6276	b							b						b		
27		6277			b					b						b		BLIND RIGHT EYE
28		6278	b							b						b		
29		6279	b							b						b		
30																		
31																		
32		29																
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: E048802

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-30-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON ,MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USHA6281	120	F	QH		bay,star,RR cornet									
USHA6282	120	F	QH		bay,star,strip,LR,RF,RR ankle									
USHA6283	144	F	QH		black,LR ankle									
USHA6284	108	F	QH		bay,star,LR cornet									
USHA6285	156	F	QH		chestnut,blaze,LR sock,brand 15									
USHA6286	84	F	QH		palomino,brand 13									
USHA6287	48	F	TH		bay,RR cornet,UNRD lip									
USHA6288	120	F	QH		chestnut									
USHA6289	120	F	QH		bay,star									
USHA6290	84	F	TH		bay,star,UNRD lip									
USHA6291	144	F	TH		bay,star,UNRD lip									
USHA6292	168	F	QH		chestnut,star,RR ankle									
USHA6293	60	F	TH		bay,star,LR ankle,UNRD lip									
USHA6294	84	F	TH		bay,star,UNRD lip									
USHA6295	108	F	TH		bay,star,UNRD lip									
USHA6296	120	N	TH		gray,UNRD lip									
USHA6297	180	N	QH		black,snip,LR cornet,RR ankle									
USHA6298	180	F	QH		chestnut,star									
USHA6299	120	F	QH		bay,star,strip,snip,LF cornet,LR ankle									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 31 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): SUSAN M. SKDRUPSKI, DVM
AREA VETERINARIAN IN CHARGE OH/WV

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L048802

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USHA6300	36	F	QH	bay,star,strip,snip,LF cornet									
1849 MARION HARDIN RD.	USHA6301	132	F	QH	chestnut,blaze,LR sock									
LA RUE, OH 43332	USHA6302	60	F	QH	chestnut,star,RR ankle									
	USHA6303	120	N	SN	bay,brand T9191									
	USHA6304	144	F	AP	dun/white,blaze									
	USHA6305	180	F	PAINT	red roan/white,blaze									
	USHA6306	120	F	QH	bay,star									
	USHA6148	120	N	QH	bay,blaze,LR,RR sock,RF ankle,brand WR									
	USHA6202	60	N	SN	black,brand 3D821									
	USHA6204	96	F	SN	bay,star,brand 3A078									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E BAUER
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD
STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332
CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995
AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHA	6281	✓							✓				✓				
2		6282	✓							✓				✓				
3		6283			✓					✓				✓				
4		6284	✓							✓				✓				
5		6285					✓			✓				✓			BRAND 15	
6		6286						PAL		✓				✓			BRAND 13	
7		6287	✓						✓					✓			LIP—	
8		6288					✓			✓				✓				
9		6289	✓							✓				✓				
10		6290	✓						✓					✓			LIP—	
11		6291	✓						✓					✓			LIP—	
12		6292					✓			✓				✓				
13		6293	✓						✓					✓			LIP—	
14		6294	✓						✓					✓			LIP—	
15		6295	✓						✓					✓			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted]

I HEREBY AU[redacted] THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true end correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHA	6296		✓					✓							✓	LIP	
17		6297			✓					✓						✓		
18		6298					✓			✓				✓				
19		6299	✓							✓				✓				
20		6300	✓							✓				✓				
21		6301					✓			✓				✓				
22		6302					✓			✓				✓				
23		6303	✓										STD			✓	BRAND T9191	
24		6304						DUN WHT					APP	✓				
25		6305				RED ROAN WHT							PAINT	✓				
26		6306	✓							✓				✓				
27		6148	✓							✓						✓	BRAND W R	
28		6202			✓								STD			✓	BRAND 3 D 821	
29		6204	✓										STD	✓			BRAND 3A078	
30																		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED. OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L048801

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 3-30-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USHA6311	144	F	QH	chestnut,sock all 4 legs,blind R eye									
1849 MARION HARDIN RD.	USHA6312	120	F	QH	bay									
LA RUE, OH 43332	USHA6313	96	N	HAFLINGER	chestnut,blaze									
	USHA6314	144	F	TH	bay,star,snip,LF,LR,RR ankle,RF cornet,UNRD lip									
	USHA6315	132	N	SN	black									
	USHA6316	156	F	TH	bay,blaze,LR sock,RR ankle,UNRD lip									
	USHA6317	144	F	TH	bay,blaze,LF cornet,LR,RR ankle,UNRD lip									
	USHA6318	180	N	MULE	chestnut									
	USHA6319	120	F	TH	bay,star,snip,RF ankle,UNRD lip									
	USHA6320	144	N	QH	dun,star,snip,LF ankle									
	USHA6321	120	N	PAINT	chestnut/white,blaze									
	USHA6322	132	F	PAINT	chestnut/white,star,strip,snip									
	USHA6323	108	F	QH	black									
	USHA6324	228	N	QH	chestnut,blaze,LR,RF,RR sock									
	USHA6325	180	N	SN	bay									
	USHA6326	120	F	QH	chestnut,star,snip,LR,RR ankle									
	USHA6327	216	F	BL	chestnut,blaze									
	USHA6328	84	F	QH	bay,star,snip									
	USHA6329	108	N	SN	bay									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 31 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): SUSAN M. SKORUPSKI, DVM
AREA VETERINARIAN IN CHARGE OH/WV

25. SIGNATURE OF ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIE U INC.

CERTIFICATE NO. FROM VS FORM 17-140: L048801

PAGE NO. 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USHA6330	72	N	HARLINGER	chestnut,blaze										
1849 MARION HARDIN RD.	USHA6331	144	F	SN	black,star,LR cornet,RR ankle,UNRD lip										
LA RUE, OH 43332	USHA6332	168	N	BL	chestnut,blaze,LR,RR sock										
	USHA6333	36	N	PAINT	bay/white,blaze,sock all 4 legs,blind R eye										
	USHA6124	120	N	SN	bay,LF cornet,RR ankle,UNRD brand										
	USHA6192	120	N	SN	bay,brand X4300										
	USCC5990	144	N	SN	bay,star,UNRD lip										
	USCC5895	168	N	SN	bay,star,snip,brand Z6632										
	USCC5960	48	N	SN	bay,star,brand 1RE15										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in the health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER | CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD | STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332 | CITY, STATE, ZIP CODE: MASSELEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995 | AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses 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	USHA	6311					✓			✓				✓				BLIND RIGHT EYE
2		6312	✓							✓				✓				
3		6313					✓						HAFL			✓		
4		6314	✓						✓					✓			LIP—	
5		6315			✓								STO			✓		
6		6316	✓						✓					✓			LIP—	
7		6317	✓						✓					✓			LIP—	
8		6318					✓						MULE			✓		
9		6319	✓						✓					✓			LIP—	
10		6320						DUN		✓						✓		
11		6321				CHESTN WHT							PAINT			✓		
12		6322				CHESTN WHT							PAINT	✓				
13		6323			✓					✓				✓				
14		6324					✓			✓						✓		
15		6325	✓										STO			✓	LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS I(b)(6) [redacted]

SIGNATU [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

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	USNA	6326					✓			✓				✓				
17		6327					✓						BELG	✓				
18		6328	✓							✓				✓				
19		6329	✓										STD			✓		
20		6330					✓						HAFL			✓		
21		6331			✓								STD	✓			LIP—	
22		6332					✓				BELG					✓		
23		6333				BAY WHT							PAINT			✓		BLIND RIGHT EYE
24		6124	✓										STD			✓	BRAND —	
25		6192	✓										STD			✓	BRAND X4300	
26	USGC	5990	✓										STD			✓	LIP—	
27	USGC	5995	✓										STD			✓	BRAND 26632	
28	USGC	5960	✓										STD			✓	BRAND EE15	
29																		
30																		
31	28																	
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

PRIVACY ACT STATEMENT: While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E. EDK

2. CERTIFICATE NO.: L024791

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-23-11 EDK

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USHA6161	108	F	PAINT	black/white,star,strip,snip									
1849 MARION HARDIN RD.	USHA6162	96	F	PAINT	chestnut/white,blaze									
LA RUE, OH 43332	USHA6163	144	F	PAINT	dun/white,bald									
	USHA6164	120	F	PAINT	black/white,bald									
	USHA6165	180	F	SN	bay,UNRD brand									
	USHA6166	60	N	HAFLINGER	chestnut,blaze									
	USHA6167	120	N	PAINT	bay/white									
	USHA6168	204	F	SN	black,UNRD brand									
	USHA6169	108	F	QH	black,star,snip,RR ankle									
	USHA6170	120	M	QH	palomino,blaze									
	USHA6171	84	F	QH	black									
	USHA6172	60	F	QH	bay,star,strip,snip,LR sock,RF ankle									
	USHA6173	72	F	TH	bay,star,UNRD lip									
	USHA6174	180	F	QH	chestnut,star,strip,snip,LR,RR ankle									
	USHA6175	120	F	QH	chestnut,star,strip,snip,RR sock									
	USHA6176	120	F	TH	chestnut,blaze,LF,LR,RR sock,UNRD lip									
	USHA6177	96	F	QH	bay,star,strip,snip,LR ankle,RF,RR cornet									
	USHA6178	144	F	TH	bay,LF,RF cornet,LR,RR ankle,UNRD lip									
	USHA6179	60	F	QH	bay,star,strip,LR,RR sock									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 24 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: C024791

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USHA6180	48	N	TH	blue roan,star,strip,snip,RR cornet,UNRD lip									
1849 MARION HARDIN RD.	USHA6181	132	F	OH	black,star									
LA RUE, OH 43332	USHA6182	108	F	AP	bay roan,star,strip,snip,RR cornet									
	USHA6183	120	F	OH	bay,star									
	USHA6184	180	F	OH	bay,star,LF,LR ankle									
	USGC5908	204	F	PE	gray,snip									
	USGC5909	216	F	PE	gray									
	USGC5894	36	F	SN	bay,star,LR,RR sock									
	USGC5896	132	N	SNOH	blaze,LF,LR,RR sock									
	USGC5990	144	N	SN	bay,star,UNRD lip									
	USGC6001	144	F	TH	bay,star,strip,snip,LR,RR ankle,UNRD lip									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

0579-0100

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER		CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARDIN ROAD		STREET ADDRESS: 595 RUE ROYALE C.P. 107
CITY, STATE, ZIP CODE: LARUE OHIO 43332		CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995		AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses 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	USHA	6161				BLK WHT							PAINT	✓				
2		6162				CHESTN WHT							PAINT	✓				
3		6163				BLN WHT							PAINT	✓				
4		6164				BLK WHT							PAINT	✓				
5		6165	✓										STD	✓			BRAND —	
6		6166					✓						HAFL			✓		
7		6167				BAY WHT							PAINT			✓		
8		6168			✓								STD	✓			BRAND —	
9		6169			✓					✓				✓				
10		6170						PAL		✓					✓			
11		6171			✓					✓				✓				
12		6172	✓							✓				✓				
13		6173	✓						✓					✓			LIP —	
14		6174					✓			✓				✓				
15		6175					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS (b)(6) [redacted]

SIGNAT [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHA	6176					✓		✓					✓			LIP—	
17		6177	✓							✓				✓				
18		6178	✓						✓					✓			LIP—	
19		6179	✓							✓				✓				
20		6180						BLUE ROAN	✓							✓	LIP—	
21		6181			✓					✓				✓				
22		6182						BAY ROAN					APP	✓				
23		6183	✓							✓				✓				
24		6184	✓							✓				✓				
25	USGC	5908		✓							PERCH			✓				
26	USGC	5909		✓							PERCH			✓				
27	USGC	5894	✓										STD	✓				
28	USGC	5896					✓			✓						✓		
29	USGC	5996	✓										STD			✓	LIP—	
30	USGC	6001	✓						✓					✓			LIP—	
31																		
32																		
33	30																	
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

2. [illegible]: While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024793

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-23-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHA6131	120	F	QH BAY STAR SNIP LR SOCK RF SOCK RR SOCK											
USHA6132	72	F	QH PALOMINO STAR STRIP SNIP											
USHA6133	108	F	PAINT CHESTNUT WHITE STAR STRIP SNIP											
USHA6134	72	N	PAINT BLACK WHITE STAR SNIP											
USHA6135	72	N	QH GRAY NO OTHER MARKINGS											
USHA6136	60	N	QH PALOMINO BLAZE LR ANKLE RF SOCK RR ANKLE											
USHA6137	60	F	QH PALOMINO BLAZE LR SOCK RR SOCK											
USHA6138	96	F	QH CHESTNUT STAR STRIP SNIP LF SOCK LR SOCK RR SOCK											
USHA6139	108	N	PAINT CHESTNUT WHITE BLAZE											
USHA6140	60	F	QH BAY STAR											
USHA6141	120	N	QH BAY STAR SNIP LR ANKLE											
USHA6142	60	F	QH DUN STAR											
USHA6143	72	F	QH BAY STAR LF CORNET											
USHA6144	108	N	PAINT CHESTNUT WHITE BLAZE											
USHA6145	60	N	QH BAY STAR STRIP SNIP LR CORNET RR ANKLE											
USHA6146	48	N	QH CHESTNUT STAR LR SOCK RR SOCK											
USHA6147	240	F	TH CHESTNUT STAR STRIP SNIP LIP?											
USHA6148	120	N	QH BAY BLAZE LR SOCK RF ANKLE RR SOCK BRAND WR											
USHA6149	180	F	QH BLACK NO OTHER MARKINGS											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 24 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024793

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) ——

—— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHA6150	96	F	TH	BAY	STAR	LIP?								
USHA6151	120	F	QH	BAY	STAR									
USHA6152	72	F	QH	BAY	LR	CORNET	RR	CORNET	BLIND L EYE					
USHA6153	180	F	QH	CHESTNUT	STAR	LR	CANKLE							
USHA6154	240	F	QH	BAY	STAR	STRIP	SNIP							
USHA6155	72	F	TH	BAY	STAR	STRIP	SNIP	LF	ANKLE	LR SOCK	RR ANKLE	LIP?		
USHA6156	48	N	TH	CHESTNUT	STAR	STRIP	SNIP	LR	ANKLE	RR ANKLE	LIP?			
USHA6157	72	N	TH	BAY	STAR	SNIP	LR	SOCK	LIP?					
USHA6158	60	N	TH	BLUE ROAN	STAR	LR	ANKLE	LIP?						
USHA6159	72	F	TH	CHESTNUT	STAR	LR	SOCK	RR	SOCK	LIP?				
USHA6160	120	F	QH	BLACK	LR	CORNET								
USGC5993	48	M	TH	BAY	STAR	STRIP	SNIP	LR	ANKLE	RR SOCK				

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEUILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USHA	6131	✓							✓				✓				
2		6132						PAL		✓				✓				
3		6133				CHESTN WHT							PAINT	✓				
4		6134				BLK WHT							PAINT			✓		
5		6135		✓						✓						✓		
6		6136						PAL		✓						✓		
7		6137						PAL		✓				✓				
8		6138					✓			✓				✓				
9		6139				CHESTN WHT							PAINT			✓		
10		6140	✓							✓				✓				
11		6141	✓							✓						✓		
12		6142						DUN		✓				✓				
13		6143	✓							✓				✓				
14		6144				CHESTN WHT							PAINT			✓		
15		6145	✓							✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

(b)(6)

SIGNATU[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHA	6146					✓			✓						✓		
17		6147					✓		✓					✓			LIP—	
18		6148	✓							✓						✓	BRANDWR	
19		6149			✓					✓				✓				
20		6150	✓						✓					✓			LIP—	
21		6151	✓							✓				✓				
22		6152	✓							✓				✓				BLIND LEFT EYE
23		6153					✓			✓				✓				
24		6154	✓							✓				✓				
25		6155	✓						✓					✓			LIP—	
26		6156					✓		✓							✓	LIP—	
27		6157	✓						✓							✓	LIP—	
28		6158						BLUE ROAN	✓							✓	LIP—	
29		6159					✓		✓					✓			LIP—	
30		6160			✓					✓				✓				
31	USGC	5993	✓						✓						✓			
32																		
33																		
34		31																
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH.(18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

...authorized by law (7 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024794

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-23-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USHA6101	72	F	TH BLACK STAR SNIP LR ANKLE RF CORNET RR CORNET LIP?											
USHA6102	48	F	QH CHESTNUT STAR											
USHA6103	72	F	TH CHESTNUT STAR RR CORNET LIP?											
USHA6104	108	F	QH BAY NO OTHER MARKINGS											
USHA6105	120	F	QH BAY NO OTHER MARKINGS											
USHA6106	132	N	PAINT CHESTNUT WHITE STAR STRIP SNIP RR SOCK											
USHA6107	180	N	QH CHESTNUT STAR STRIP SNIP											
USHA6108	84	F	TH CHESTNUT STAR STRIP SNIP LIP?											
USHA6109	144	F	PAINT BAY WHITE BLAZE LF SOCK LR SOCK RF SOCK											
USHA6110	120	F	PAINT BAY WHITE BLAZE											
USHA6111	132	F	PAINT DUN WHITE BLAZE LF SOCK LR SOCK RF SOCK RR SOCK											
USHA6112	180	F	TH BAY STAR STRIP SNIP LR SOCK RF ANKLE LIP?											
USHA6113	120	F	QH BAY STAR LR SOCK RR SOCK											
USHA6114	144	F	QH BAY STAR LR CORNET											
USHA6115	120	N	QH CHESTNUT BLAZE LF SOCK LR SOCK RF CORNET RR SOCK											
USHA6116	132	N	TH BAY STAR LIP?											
USHA6117	108	N	AP BAY WHITE BLAZE LR SOCK RF CORNET RR ANKLE SCAR RR LEG											
USHA6118	120	N	SN BAY LR ANKLE RR ANKLE											
USHA6119	168	F	SN BAY BRAND?											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 24 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024794

3A. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

16. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHA6120	120	F	SN	BLACK BRAND 64 LIP?										
USHA6121	96	F	SN	BAY LIP?										
USHA6122	96	N	SN	BAY STAR LR ANKLE RR ANKLE BRAND?										
USHA6123	120	N	HAFLINGER	CHESTNUT BLAZE										
USHA6124	120	N	SN	BAY LF CORNET RR ANKLE BRAND?										
USHA6125	72	N	QH	BAY LF CORNET LR ANKLE RR ANKLE										
USHA6126	96	F	SN	BLACK BRAND?										
USHA6127	132	F	SN	BLACK LR ANKLE										
USHA6128	132	N	SN	BAY NO OTHER MARKINGS										
USHA6129	120	N	SN	BAY SNIP LF CORNET LR ANKLE RF CORNET RR ANKLE BRAND?										
USHA6130	132	N	SN	BAY STAR SNIP RR ANKLE LIP?										
USGC5559	24	M	TH	BAY STAR STRIP SNIP LF CORNET										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION NARODIN ROAD

STREET ADDRESS: 505 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7404993995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear waight 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	OT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHA	6101			✓				✓					✓			LIP—	
2		6102					✓			✓				✓				
3		6103					✓		✓					✓			LIP—	
4		6104	✓							✓				✓				
5		6105	✓							✓				✓				
6		6106				CHESTN WHT							PAINT			✓		
7		6107					✓			✓						✓		
8		6108					✓		✓					✓			LIP—	
9		6109				BAY WHT							PAINT	✓				
10		6110				BAY WHT							PAINT	✓				
11		6111				DUN WHT							PAINT	✓				
12		6112	✓						✓					✓			LIP—	
13		6113	✓							✓				✓				
14		6114	✓							✓				✓				
15		6115					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIA(b)(6) [redacted]

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHA	6116	✓						✓							✓	LIP —	
17		6117						BAY WHT					APP			✓		SCAR RIGHT REAR LEG
18		6118	✓										STD			✓		
19		6119	✓										STD	✓			BRAND —	
20		6120			✓								STD	✓			BRAND 64 LIP —	
21		6121	✓										STD	✓			LIP —	
22		6122	✓										STD			✓	BRAND —	
23		6123					✓						HAPL			✓		
24		6124	✓										STD			✓	BRAND —	
25		6125	✓							✓						✓		
26		6126			✓								STD	✓			BRAND —	
27		6127			✓								STD	✓				
28		6128	✓										STD			✓		
29		6129	✓										STD			✓	BRAND —	
30		6130	✓										STD			✓	LIP —	
31	USGC	5559	✓						✓						✓			
32																		
33																		
34		37																
35																		
36																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

...by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.
2. CERTIFICATE NO.: L024783
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-21-11
5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN
6. STATE CODE: 26
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.
8. CONSIGNOR'S CITY (or Town): LA RUE
12. CONSIGNOR'S STATE: OHIO
13. STATE CODE: 39
14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC
DESTINATION COUNTRY: CANADA
ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB) — 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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC6051	180	N	SN	BAY BRAND?										
USGC6052	120	N	SN	BAY STAR LF CORNET LR ANKLE RR ANKLE LIP?										
USGC6053	144	N	SN	BAY RR ANKLE										
USGC6054	168	N	SN	BLACK RR ANKLE LIP?										
USGC6055	156	N	SN	BAY LR CORNET LIP?										
USGC6056	240	N	BL	CHESTNUT BLAZE										
USGC6057	192	N	SN	BAY LF ANKLE RF ANKLE RR ANKLE										
USGC6058	132	N	SN	BAY BRAND?										
USGC6059	192	N	SN	BLACK NO OTHER MARKINGS										
USGC6060	72	N	TH	BAY LF ANKLE RR ANKLE LIP?										
USGC6061	60	N	TH	BAY STAR STRIP SNIP LR SOCK RR SOCK LIP?										
USGC6062	72	F	TH	BAY STAR LF CORNET RR SOCK LIP?										
USGC6063	72	N	TH	CHESTNUT RR CORNET LIP?										
USGC6064	60	N	TH	CHESTNUT BLAZE LR SOCK RR SOCK LIP?										
USGC6065	60	F	TH	BAY LF ANKLE LR ANKLE RR ANKLE LIP?										
USGC6066	156	F	TH	BAY BLAZE LR ANKLE RF ANKEL LIP?										
USGC6067	84	N	TH	BLACK LIP?										
USGC6068	120	N	SN	BLACK RR ANKLE										
USGC6069	216	N	QH	CHESTNUT STAR STRIP SNIP RF SOCK RR SOCK										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 21 2011
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER
25. SIGNATURE OF ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0247023

3. PAGE NO. 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGC6070	48	F	TH	BAY	LIP?									
USGC6071	72	N	TH	BAY	STAR LIP?									
USGC6072	60	F	TH	BLUE ROAN	LIP?									
USGC6073	180	F	QH	BAY	STAR STRIP		SNIP							
USGC6074	240	F	BL	CHESTNUT	BLAZE									
USGC6075	84	N	SN	BAY	STAR STRIP		SNIP	LF	CORNET	RR	SOCK			
USGC5916	180	F	SN	BAY	STAR RR ANKLE		BRAND V6853							
USGC5917														
USGC5896	132	N	SN	CHESNT	LF SOCK		LR SOCK		RR SOCK					
USGC5898	156	F	SN	BAY	STAR STRIP		SNIP	LR	CORNET	RR	CORNET	BRANDV4252		
USGC5883	132	F	QH	CHESTNUT	STAR STRIP		SNIP	RR ANKLE						
USGC5954	108	F	SN	BAY	BRAND?									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

(Please type or print in ink)

instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	6051	X										STD			X	BRAND —	
2		6052	X										STD			X	LIP —	
3		6053	X										STD			X		
4		6054			X								STD			X	LIP —	
5		6055	X										STD			X	LIP —	
6		6056					X				BELG					X		
7		6057	X										STD			X		
8		6058	X										STD			X	BRAND —	
9		6059			X								STD			X		
10		6060	X						X							X	LIP —	
11		6061	X						X							X	LIP —	
12		6062	X						X					X			LIP —	
13		6063					X		X							X	LIP —	
14		6064					X		X							X	LIP —	
15		6065	X						X					X			LIP —	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS I[redacted]

SIGNATU[redacted]

I HEREBY [redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	6066	✓						✓					✓			LIP—	
17		6067			✓				✓							✓	LIP—	
18		6068			✓								STD			✓		
19		6069					✓			✓						✓		
20		6070	✓						✓					✓			LIP—	
21		6071	✓						✓							✓	LIP—	
22		6072						BLUE ROAN	✓					✓			LIP—	
23		6073	✓							✓				✓				
24		6074					✓				BELG			✓				
25		6075	✓										STD			✓		
26		8916	✓										STD	✓			BRAND V6853	
27		8896					✓						STD			✓		
28		8898	✓										STD	✓			BRAND V4252	
29		8883					✓			✓				✓				
30		8954	✓										STD	✓			BRAND ___	
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.)

This certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: IL024792

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-21-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA. RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	18. ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC5991	120	F	OH PALOMINO				STAR SNIP		LR ANKLE			RR ANKLE		
1849 MARION HARDIN RD.	USGC5992	168	N	OH BLACK BLIND R EYE											
LA RUE, OH 43332	USGC5993	48	M	TH BAY STAR				STRIP SNIP		LR ANKLE			RR SOCK	LIP?	
	USGC5994	108	F	PAINT BLACK				WHITE BLAZE							
	USGC5995	36	N	TH CHESTNUT				STAR LR ANKLE		LIP?					
	USGC5996	192	F	QH CHESTNUT				STAR LR SOCK		RR ANKLE					
	USGC5997	180	F	QH DUN STAR											
	USGC5998	48	F	QH BAY STAR											
	USGC5999	204	N	QH BAY STAR				STRIP SNIP		RF ANKLE					
	USGC6000	36	N	TH CHESTNUT				STAR LIP?							
	USGC6001	144	F	TH BAY STAR				STRIP SNIP		LR ANKLE			RR ANKLE	LIP?	
	USGC6002	48	N	TH CHESTNUT				STAR LF CORNET		LIP?					
	USGC6003	60	N	QH CHESTNUT				STAR SNIP		LR SOCK					
	USGC6004	132	N	QH CHESTNUT				BLAZE LR SOCK		RF ANKLE			RR SOCK		
	USGC6005	144	F	PAINT CHESTNUT				WHITE BALD							
	USGC6006	240	N	MULE BLACK				NO OTHER MARKINGS							
	USGC6007	84	F	QH PALOMINO				STAR STRIP SNIP		LR ANKLE					
	USGC6008	108	N	SN BAY				RR ANKLE							
	USGC6009	96	F	QH GRAY				NO OTHER MARKINGS							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 21 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 33

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024792

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC6010	108	F	BL	CHESTNUT		STAR	STRIP	SNIP					
1849 MARION HARDIN RD.	USGC6011	36	M	TH	CHESTNUT		STAR	RF	ANKLE	LIP?				
LA RUE, OH 43332	USGC6012	144	F	SN	BAY		LIP?							
	USGC6013	36	N	TH	CHESTNUT		STAR	LF	ANKLE	LR	ANKLE	RF	ANKLE	LIP?
	USGC6014	96	F	TH	BAY		LIP?							
	USGC6015	48	N	TH	GRAY		LR	ANKLE	RR	ANKLE				
	USGC6016	96	F	OH	GRAY		NO	OTHER	MARKINGS					
	USGC6017	108	F	SN	BAY		STAR							
	USGC6018	168	N	OH	CHESTNUT		STAR	STRIP	SNIP					
	USGC6019	240	N	PE	GRAY		NO	OTHER	MARKINGS					
	USGC6020	288	F	BL	CHESTNUT		BLAZE							
	USGC5988	156	N	SN	CHESTNUT		STAR	STRIP	SNIP	BRAND?				
	USGC5989	84	F	PAINT	CHESTNUT		WHITE	BLAZE						
	USGC5990	144	N	SN	BAY		STAR	LIP?						

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 7882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	5991						PAL		✓				✓				
2		5992			✓					✓						✓		BLIND RIGHT EYE
3		5993	✓						✓						✓		LIP—	
4		5994				BLK WHT							PAINT	✓				
5		5995					✓		✓							✓	LIP—	
6		5996					✓			✓				✓				
7		5997						DUN		✓				✓				
8		5998	✓							✓				✓				
9		5999	✓							✓						✓		
10		6000					✓		✓							✓	LIP—	
11		6001	✓						✓					✓			LIP—	
12		6002					✓		✓							✓	LIP—	
13		6003					✓			✓						✓		
14		6004					✓			✓						✓		
15		6005				CHESTN WHT							PAINT	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	6006			✓								MULE			✓		
17		6007						PAL		✓				✓				
18		6008	✓										STD			✓		
19		6009		✓						✓				✓				
20		6010					✓				BELG			✓				
21		6011					✓		✓						✓		LIP—	
22		6012	✓										STD	✓			LIP—	
23		6013					✓		✓							✓	LIP—	
24		6014	✓						✓					✓			LIP—	
25		6015		✓					✓							✓	LIP—	
26		6016		✓						✓				✓				
27		6017	✓										STD	✓				
28		6018					✓			✓						✓		
29		6019		✓							PERCH					✓		
30		6020					✓				BELG			✓				
31		5988					✓						STD			✓	BRAND—	
32		5989				CHESTN WHT							PAINT	✓				
33		5990	✓										STD			✓	LIP—	
34																		
35																		
36		33																
37																		
38																		
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41																		
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43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

This certificate is authorized by law (7 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024796

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-21-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC6021	108	N	OH	CHESTNUT STAR										
1849 MARION HARDIN RD.	USGC6022	120	N	SN	BAY STAR RR CORNET										
LA RUE, OH 43332	USGC6023	72	F	SN	BAY LR SOCK BRAND?										
	USGC6024	180	N	QH	DUN BLIND L EYE										
	USGC6025	120	N	TH	BAY STAR SNIP LF CORNET LIP?										
	USGC6026	132	N	HA	FLINGER CHESTNUT STAR STRIP SNIP BLIND R EYE										
	USGC6027	120	F	QH	PALOMINO BLAZE										
	USGC6028	180	F	QH	PALOMINO BLAZE LF ANKLE LR ANKLE										
	USGC6029	60	F	PA	INT BAY WHITE STAR LF SOCK LR SOCK RF SOCK RR SOCK										
	USGC6030	132	N	QH	CHESTNUT STAR LR CORNET										
	USGC6031	96	F	QH	CHESTNUT STAR SNIP										
	USGC6032	156	F	QH	CHESTNUT STAR STRIP SNIP LR ANKLE RF ANKLE										
	USGC6033	96	F	PA	INT DUN WHITE STAR STRIP SNIP LF SOCK RF SOCK										
	USGC6034	84	N	QH	CHESTNUT STAR STRIP SNIP LR SOCK RR ANKLE										
	USGC6035	84	F	PA	INT BLACK WHITE BALD										
	USGC6036	108	N	QH	DUN STAR LR CORNET										
	USGC6037	144	N	BL	CHESTNUT BALD LR SOCK RR SOCK										
	USGC6038	168	N	QH	CHESTNUT STAR SNIP										
	USGC6039	120	N	SN	BAY RR ANKLE BRAND Z0760										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 21 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 6024796

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC6040	84	N	PAINT BLACK WHITE BLAZE											
1849 MARION HARDIN RD.	USGC6041	180	N	SN BAY STAR BRAND?											
LA RUE, OH 43332	USGC6042	132	F	OH PALOMINO STAR											
	USGC6043	48	N	SN BLACK STAR LF ANKLE LR SOCK RF CORNET RR ANKLE											
	USGC6044	240	N	SN BAY STAR SNIP LF ANKLE RF ANKLE LIP?											
	USGC6045	180	N	SN BAY STAR BRAND?											
	USGC6046	120	F	SN BAY STAR LR ANKLE RR ANKLE											
	USGC6047	108	N	OH PALOMINO BLAZE RR ANKLE											
	USGC6048	72	N	SN BLACK STRIP SNIP LR SOCK BRAND?											
	USGC6049	288	N	SN BLACK STAR LR SOCK RR ANKLE LIP?											
	USGC6050	132	F	SN BLACK LR CORNET BRAND 51 LIP?											

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE MCHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.102
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	6021					✓			✓						✓		
2		6022	✓										STO			✓		
3		6023	✓										STO	✓			BRAND —	
4		6024						DUN		✓						✓		BLIND LEFT EYE
5		6025	✓						✓							✓	LIP —	
6		6026					✓						NAFL			✓		BLIND RIGHT EYE
7		6027						PAL		✓				✓				
8		6028						PAL		✓				✓				
9		6029				BAY WHT							PAINT	✓				
10		6030					✓			✓						✓		
11		6031					✓			✓				✓				
12		6032					✓			✓				✓				
13		6033				DUN WHT							PAINT	✓				
14		6034					✓			✓						✓		
15		6035				BLK WHT							PAINT	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b)(6)

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001):

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF ___

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	6036						OUN		X						X		
17		6037					X				BEL.G					X		
18		6038					X			X						X		
19		6039	X										STD			X	BRAND Z0760	
20		6040				BLK WHT							PAINT			X		
21		6041	X										STD			X	BRAND —	
22		6042						PAL		X				X				
23		6043			X								STD			X		
24		6044	X										STD			X	LIP —	
25		6045	X										STD			X	BRAND —	
26		6046	X										STD	X				
27		6047						PAL		X						X		
28		6048			X								STD			X	BRAND —	
29		6049			X								STD			X	LIP —	
30		6050			X								STD	X			BRAND 51 LIP —	
31																		
32																		
33		30																
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

Privacy Act Statement: While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): BAUER, FRED E.

2. CERTIFICATE NO.: L024789

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-16-11

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): VUIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

MODIFIED ACCREDITED AREA (TB) — 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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC5961	120	F	QH BLACK NO OTHER MARKINGS											
USGC5962	120	F	QH CHESTNUT BALD RF SOCK											
USGC5963	36	N	PAINT CHESTNUT WHITE STAR STRIP SNIP											
USGC5964	180	F	AP BAY ROAN STAR											
USGC5965	120	F	APAINT BAY WHITE											
USGC5966	72	F	QH CHESTNUT STAR											
USGC5967	84	N	PAINT CHESTNUT WHITE BALD											
USGC5968	240	F	SN BAY STAR STRIP RR ANKLE LIP?											
USGC5969	108	N	QH PALOMINO BLAZE											
USGC5970	84	F	QH BAY STAR STRIP SNIP RR ANKLE											
USGC5971	60	F	TH BAY LIP?											
USGC5972	120	N	QH BLACK LR CORNET RR CORNET											
USGC5973	120	F	QH CHESTNUT BLAZE LR SOCK RF SOCK RR SOCK											
USGC5974	180	N	SN BAY STAR LIP?											
USGC5975	60	F	SN GRAY NO OTHER MARKINGS											
USGC5976	72	M	AP BLACK WHITE											
USGC5977	180	N	SN BAY STAR SNIP LR CORNET											
USGC5978	60	N	SN BAY STAR SNIP RR SOCK											
USGC5979	72	F	TH CHESTNUT STAR LIP?											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify thet the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 17 2011

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 1-140: L024789

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST — DISEASE / TYPE TEST — DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

ID NO. OR DESCRIPTION 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
USGC5980	156	N	SN	BAY STAR LR ANKLE RR CORNET BRAND YW551										
USGC5981	180	N	AP	CHESTNUT WHITE BLAZE										
USGC5982	240	N	SN	BLACK STAR LR ANKE LIP?										
USGC5983	180	N	SN	BAY NO OTHER MARKINGS										
USGC5984	96	N	HAFLINGER	CHESTNUT BLAZE										
USGC5985	276	F	OH	CHESTNUT STAR STRIP SNIP										
USGC5986	36	N	OH	BLUE ROAN STAR STRIP SNIP										
USGC5987	120	N	TH	BLACK STAR RR ANKLE LIP?										
USGC5806	144	N	SN	BAY LR ANKLE LIP?										
USGC5794	96	F	TH	BAY RR CORNET LIP?										
USGC5761	168	N	SN	BAY STAR LR ANKLE RR ANKLE LIP?										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. Certified to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 1 - FIELD OPERATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740499 3995

AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	5961			✓					✓				✓				
2		5962					✓			✓				✓				
3		5963				CHESTN WHT							PAINT			✓		
4		5964						BAY ROAN					APP	✓				
5		5965				BAY WHT							PAINT	✓				
6		5966					✓			✓				✓				
7		5967				CHESTN WHT							PAINT			✓		
8		5968	✓										STD	✓			LIP—	
9		5969						PAL		✓						✓		
10		5970	✓							✓				✓				
11		5971	✓						✓					✓			LIP—	
12		5972			✓					✓						✓		
13		5973					✓			✓				✓				
14		5974	✓										STD			✓	LIP—	
15		5975		✓									STD	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b) (6)

I HEREBY [redacted] AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	5976						BLK WHT					APP		✓			
17		5977	✓										STD			✓		
18		5978	✓										STD			✓		
19		5979					✓		✓					✓			LIP—	
20		5980	✓										STD			✓	BRAND YW 551	
21		5981						CHESTN WHT					APP			✓		
22		5982			✓								STD			✓	LIP—	
23		5983	✓										STD			✓		
24		5984					✓						HAFL			✓		
25		5985					✓			✓				✓				
26		5986						BLUE ROAN		✓						✓		
27		5987			✓				✓							✓	LIP—	
28		5806	✓										STD			✓	LIP—	
29		5794	✓						✓					✓			LIP—	
30		5761	✓										STD			✓	LIP—	
31																		
32																		
33		30																
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

...is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED (OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.
2. CERTIFICATE NO.: L024782
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-16-11
5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN
6. STATE CODE: 26
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.
8. CONSIGNOR'S CITY (or Town): LA RUE
12. CONSIGNOR'S STATE: OHIO
13. STATE CODE: 39
14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC
DESTINATION COUNTRY: CANADA
ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)
CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC5931	120	F	PAINT CHESTNUT WHITE BLAZE											
1849 MARION HARDIN RD.	USGC5932	180	F	PAINT BLACK WHITE BALD											
LA RUE, OH 43332	USGC5933	108	F	PAINT CHESTNUT WHITE BALD											
	USGC5934	132	F	QH BLACK NO OTHER MARKINGS											
	USGC5935	180	N	QH GRAY NO OTHER MARKINGS											
	USGC5936	120	F	TH CHESTNUT STAR LIP?											
	USGC5937	36	N	QH BAY STAR STRIP LF CORNET LR SOCK RR SOCK											
	USGC5938	108	F	TH BAY LF CORNET LIP?											
	USGC5939	60	N	TH BLACK STAR LIP?											
	USGC5940	84	N	TH BAY STAR SNIP LR ANKLE RR ANKLE LIP?											
	USGC5941	120	F	TH CHESTNUT STAR LIP?											
	USGC5942	156	F	TH CHESTNUT STAR STRIP LF CORNET RR ANKLE LIP?											
	USGC5943	60	F	QH CHESTNUT BLAZE											
	USGC5944	60	N	TH BAY STAR RR SOCK LIP?											
	USGC5945	108	F	QH BLACK RR CORNET BRIND L EYE											
	USGC5946	60	M	QH BAY STAR STRIP LR ANKLE RR ANLE											
	USGC5947	120	F	SN BLACK BRAND?											
	USGC5948	96	F	QH CHESTNUT STAR SNIP LF ANKLE LR SOCK											
	USGC5949	168	F	SN BAY LR CORNET											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 17 2011
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER
25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0747[illegible]

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

DATE | DATE | DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID ND. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC5950	156	F	SN	BAY	LIP?								
1849 MARION HARDIN RD.	USGC5951	48	N	SN	BAY	LF	CORNET	LR	ANKLE	RF	CORNET	RR ANKLE		
LA RUE, OH 43332	USGC5952	180	N	SN	BAY	STAR	LR CORNET	RR	ANKEL	LIP?				
	USGC5953	120	N	SN	BLACK	STAR	LF CORNET	LR	ANKLE	RR	SOCK	LIP?		
	USGC5954	108	F	SN	BAY	BRAND?								
	USGC5955	120	N	SN	BAY	STAR	SNIP	LR	ANKLE	RR	ANKLE			
	USGC5956	48	N	SN	BAY	LR ANKLE								
	USGC5957	120	N	SN	BAY	STAR	STRIE	SNIP	LR	SOCK	RF ANKLE	RR SOCK		
	USGC5958	120	F	SN	BLACK	BRAND S6119								
	USGC5959	132	F	SN	BLACK	NO OTHER MARKINGS								
	USGC5960	48	N	SN	BAY	STAR	BRAND IEE15							

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION MARION ROAD
STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332
CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7404993995
AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses 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	LS6C	5931				CHESTN WHT							PAINT	✓				
2		5932				BLK WHT							PAINT	✓				
3		5933				CHESTN WHT							PAINT	✓				
4		5934			✓					✓				✓				
5		5935		✓						✓						✓		
6		5936					✓		✓					✓			LIP—	
7		5937	✓							✓						✓		
8		5938	✓						✓					✓			LIP—	
9		5939			✓				✓							✓	LIP—	
10		5940	✓						✓							✓	LIP—	
11		5941					✓		✓					✓			LIP—	
12		5942					✓		✓					✓			LIP—	
13		5943					✓			✓				✓				
14		5944	✓						✓							✓	LIP—	
15		5945			✓					✓				✓				BLIND LEFT EYE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	5946	✓							✓					✓			
17		5947			✓								STO	✓			BRAND —	
18		5948					✓			✓				✓				
19		5949	✓										STO	✓				
20		5950	✓										STO	✓			LIP —	
21		5951	✓										STO			✓		
22		5952	✓										STO			✓	LIP —	
23		5953			✓								STO			✓	LIP —	
24		5954	✓										STO	✓			BRAND —	
25		5955	✓										STO			✓		
26		5956	✓										STO			✓		
27		5957	✓										STO			✓		
28		5958			✓								STO	✓			BRAND SCILP	
29		5959			✓								STO	✓				
30		5960	✓										STO			✓	BRAND LEEL 5	
31																		
32																		
33																		
34		30																
35																		
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37																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

...(P.L. 104-13). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: PL024786

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-14-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC5871	132	N	AP BAY WHITE											
USGC5872	84	F	QH CHESTNUT STAR STRIP SNIP LF SOCK LR SOCK											
USGC5873	132	F	SN BAY LIP?											
USGC5874	96	F	QH CHESTNUT STAR STRIP SNIP LF CORNET LR CORNET RF ANKLE RR ANKLE											
USGC5875	120	F	QH PALOMINO BLAZE RR SOCK											
USGC5876	96	F	PAINT BAY WHITE BLAZE LR SOCK RR SOCK											
USGC5877	276	F	QH BAY STAR STRIP SNIP LR CORNET											
USGC5878	120	F	PAINT BLACK WHITE BALD											
USGC5879	108	F	QH CHESTNUT STAR STRIP SNIP											
USGC5880	132	F	QH CHESTNUT BLAZE LF SOCK LR SOCK											
USGC5881	180	F	QH DUN STRIP LR CORNET											
USGC5882	144	F	SN BAY STAR LIP?											
USGC5883	132	F	QH CHESTNUT STAR STRIP SNIP RR ANLE											
USGC5884	84	N	QH BAY BRANDS 110 NFR AC											
USGC5885	120	N	SN BLACK BRAND?											
USGC5886	120	N	SN CHESTNUT STAR LR CORNET BRAND ECT89											
USGC5887	132	N	PAINT BLACK WHITE STAR LF SOCK RF SOCK RR SOCK											
USGC5888	168	F	BL CHESTNUT BLAZE											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 14 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140
L024786

3. PAGE NO.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGC5889	204	N	SN	BLACK STAR SNIP LIP?										
USGC5890	180	N	SN	BAY BRAND?										
USGC5891	96	N	PAINT	BLACK WHITE LF SOCK RF SOCK RR ANKLE										
USGC5892	108	N	PAINT	BAY WHITE STAR SNIP LF SOCK LR SOCK RF ANKLE RR ANKLE										
USGC5893	180	F	PAINT	CHESTNUT WHITE BALD LF CORNET										
USGC5894	36	F	SN	BAY STAR LR SOCK RR SOCK										
USGC5895	168	N	SN	BAY STAR SNIP BRAND Z6632										
USGC5896	132	N	QH	CHESTNT BLAZE LF SOCK LR SOCK RR SOCK										
USGC5897	144	N	SN	BLACK LR ANKLE RR ANKLE BRAND W6553										
USGC5898	156	F	SN	BAY STAR STRIP SNIP LR CORNET RR CORNET BRAND V4252										
USGC5899	108	F	SN	BLACK STAR LR ANKLE RR HEEL BRAND ZA250										
USGC5900	132	F	SN	BLACK LIP?										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7404993995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Cheetn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	S871						BAY WHT					APP			✓		
2		S872					✓			✓				✓				
3		S873	✓										STD	✓			LIP—	
4		S874					✓			✓				✓				
5		S875						PAL		✓				✓				
6		S876				BAY WHT							PAINT	✓				
7		S877	✓							✓				✓				
8		S878				BLK WHT							PAINT	✓				
9		S879					✓			✓				✓				
10		S880					✓			✓				✓				
11		S881						DUN		✓				✓				
12		S882	✓										STD	✓			LIP—	
13		S883					✓			✓				✓				
14		S884	✓							✓						✓	BRANDS A 110 NFR C	
15		S885			✓								STD			✓	BRAND—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

(b) (6)

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEC	5886					✓						STD			✓	BRAND ECTB9	
17		5887				BLK WHT							PAINT			✓		
18		5888					✓				BEL.G			✓				
19		5889			✓								STD			✓	LIP—	
20		5890	✓										STD			✓	BRAND —	
21		5891				BLK WHT							PAINT			✓		
22		5892				BAY WHT							PAINT			✓		
23		5893				CHESTN WHT							PAINT	✓				
24		5894	✓										STD	✓				
25		5895	✓										STD			✓	BRAND 26632	
26		5896					✓			✓						✓		
27		5897			✓								STD			✓	BRAND W6553	
28		5898	✓										STD	✓			BRAND V4252	
29		5899			✓								STD	✓			BRAND ZA250	
30		5900			✓								STD	✓			LIP—	
31																		
32																		
33		30																
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024784

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-14-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC5901	168	F	SN		BLACK BRAND JA634									
USGC5902	240	N	SN		BAY LIP?									
USGC5903	228	N	SN		BAY LIP?									
USGC5904	60	N	BL		CHESTNUT BLAZE LF SOCK RF SOCK RR SOCK									
USGC5905	144	N	PAINT		CHESTNUT WHITE BLAZE BLIND R EYE									
USGC5906	168	F	SN		BAY STAR SNIP RR ANKLE									
USGC5907	144	F	SN		BLACK BRAND VI912									
USGC5908	204	F	PE		GRAY SNIP									
USGC5909	216	F	PE		GRAY NO OTHER MARKINGS									
USGC5910	156	F	SN		BAY STAR LR CORNET									
USGC5911	168	F	SN		BAY BRAND?									
USGC5912	144	F	SN		BAY LR ANKLE RR ACORNET BRAND VF525									
USGC5913	144	N	SN		BAY BRAND ?									
USGC5914	156	N	SN		BAY STAR STRIP SNIP LR ANKLE RR HEEL BRAND ND547									
USGC5915	168	N	SN		BAY STAR STRIP SNIP RF CORNET BRAND?									
USGC5916	180	F	SN		BAY STAR RR ANKLE BRAND V6853									
USGC5917	120	N	SN		BAY STAR STRIP SNIP LR CORNET									
USGC5918	240	F	SN		BAY BRAND 27 CROOKED L KNEE									
USGC5919	216	N	SN		BLACK LIP? BLIND R EYE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 14 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024784

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC5920	20	4 F	SN	BAY	STAR	STRIP	SNIP	LF	CORNET	RF	ANKLE	RR ANKLE	LIP?	
1849 MARION HARDIN RD.	USGC5921	20	4 F	SN	BAY	STAR	STRIP	SNIP	LF	ANKLE	LR	SOCK	RF ANKLE		
LA RUE, OH 43332	USGC5922	19	2 N	SN	BAY	STAR	LR SOCK	RF	CORNET	RR SOCK					
	USGC5923	15	6 F	SN	BAY	STR									
	USGC5924	31	2 N	SN	BAY	STAR	LR CORNET								
	USGC5925	13	2 N	SN	BAY	STAR	LR CORNET	RR CORNET							
	USGC5926	16	8 N	BL	CHESTNUT	BLAZE	LF SOCK	LR SOCK	RF SOCK	RR SOCK					
	USGC5927	19	2 F	SN	BLACK	STAR	RR ANKLE								
	USGC5928	18	0 F	BL	CHESTNUT	BLAZE									
	USGC5929	16	8 N	SN	BAY	LR ANKLE	RR CORNET	BRAND?							
	USGC5630	96	M	TH	BAY	STAR	LF CORNET	LR ANKLE	RF CORNET	RR CORNET	LIP?				

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSELNEUVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	LG6C	5901			✓								STD	✓			BRAND JA634	
2		5902	✓										STD			✓	LIP—	
3		5903	✓										STD			✓	LIP—	
4		5904					✓				BELG					✓		
5		5905				CHSTN WHT							PAINT			✓		BLIND RIGHT EYE
6		5906	✓										STD	✓				
7		5907			✓								STD	✓			BRAND V1912	
8		5908		✓							PERCH			✓				
9		5909		✓							PERCH			✓				
10		5910	✓										STD	✓				
11		5911	✓										STD	✓			BRAND —	
12		5912	✓										STD	✓			BRAND VF525	
13		5913	✓										STD			✓	BRAND —	
14		5914	✓										STD			✓	BRAND N B547	
15		5915	✓										STD			✓	BRAND —	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	LSGC	5916	b										STO	b			BRAND V6853	
17		5917	b										STO			b		
18		5918	b										STO	b			BRAND 27	CROOKED LEFT KNEE
19		5919			b								STO			b	LIP —	BLIND RIGHT EYE
20		5920	b										STO	b			LIP —	
21		5921	b										STO	b				
22		5922	b										STO			b		
23		5923	b										STO	b				
24		5924	b										STO			b		
25		5925	b										STO			b		
26		5926					b				BELG					b		
27		5927			b								STO	b				
28		5928					b				BELG			b				
29		5929	b										STO			b	BRAND —	
30		5630	b						b						b		LIP —	
31																		
32																		
33		30																
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

Department health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024204

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 9-16-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 25

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICOLLIVEU INC, 595 RUE ROYALE C.P. 101, MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2091	180	N	OH		chestnut,blaze,LF,RF,RR sock									
USGC2092	84	F	OH		chestnut,blaze,LF ankle,LR,RR sock									
USGC2093	84	F	OH		black,star,strip,snip,LF,RF ankle,LR sock									
USGC2094	60	F	PAINT		chestnut/white,bald,LR sock,RR ankle									
USGC2095	96	F	OH		bay,faint star									
USGC2096	48	F	PAINT		dun/white,star,strip,snip									
USGC2097	240	F	PAINT		bay/white,blaze,sock all 4 legs									
USGC2098	168	F	OH		chestnut,star,strip,snip,RR sock									
USGC2099	120	F	PAINT		bay/white,blaze,all 4 legs sock									
USGC2100	48	F	PAINT		chestnut/white,blaze,RF ankle									
USGC2101	108	F	OH		bay,star									
USGC2102	96	F	OH		bay,star,LR cornet									
USGC2103	96	F	OH		bay,star									
USGC2104	108	F	AP		chestnut/white,blaze,LR,RF,RR sock									
USGC2105	156	F	OH		chestnut,blaze									
USGC2106	96	F	OH		bay,star,strip,snip,LF,RF ankle,LR,RR sock									
USGC2107	60	F	PAINT		dun/white,strip,snip,sock all 4 legs									
USGC2108	36	F	OH		chestnut,star,strip									
USGC2109	108	F	OH		chestnut,star,LR cornet									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 16,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: LB24204

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2110	132	F	PAINT		chestnut/white,bald,sock all 4 legs									
1849 MARION HARDIN RD.	USGC2111	120	F	QH		bay,star,LR,RR ankle									
LA RUE, OH 43332	USGC2112	72	F	PAINT		chestnut/white,bald									
	USGC2113	108	F	PAINT		chestnut/white,bald,LF,LR,RF sock									
	USGC2114	120	M	AP		brown/white,blaze,LF,RF ankle,LR,RR sock									
	USGC2115	36	M	QH		chestnut,star,strip,snip									
	USGC2116	132	M	PAINT		bay/white,star,strip,snip,sock all 4 legs									
	USGC2117	108	M	QH		chestnut,star,LR coronet									
	USGC2118	120	M	QH		chestnut,star									
	USGC2119	132	M	QH		chestnut,star,LR,RR ankle,RF coronet									
	USGC2120	48	M	TN		bay,star,RR coronet,UNRD lip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: LARUE OHIO BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2091					✓			✓						✓		
2		2092					✓			✓				✓				
3		2093			✓					✓				✓				
4		2094				CHESTN WHT							PAINT	✓				
5		2095	✓							✓				✓				
6		2096				DUN WHT							PAINT	✓				
7		2097				BAY WHT							PAINT	✓				
8		2098					✓			✓				✓				
9		2099				BAY WHT							PAINT	✓				
10		2100				CHESTN WHT							PAINT	✓				
11		2101	✓							✓				✓				
12		2102	✓							✓				✓				
13		2103	✓							✓				✓				
14		2104						CHESTN WHT					APP	✓				
15		2105					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6) [redacted]

SIGNATURE

I HEREBY A[redacted]ATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2106	✓							✓				✓				
17		2107				BLN WHT							PRINT	✓				
18		2108					✓			✓				✓				
19		2109					✓			✓				✓				
20		2110				CHSTN WHT							PRINT	✓				
21		2111	✓							✓				✓				
22		2112				CHSTN WHT							PRINT	✓				
23		2113				CHSTN WHT							PRINT	✓				
24		2114						BLN WHT					APP			✓		
25		2115					✓			✓						✓		
26		2116				BLN WHT							PRINT			✓		
27		2117					✓			✓						✓		
28		2118					✓			✓						✓		
29		2119					✓			✓						✓		
30		2120	✓						✓						✓		LIP—	
31																		
32																		
33		30																
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024798

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-16-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON ,MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC2061	72	F	TH	bay,star										
USGC2062	120	F	OH	bay,star,strip,snip,RR cornet										
USGC2063	144	F	OH	black,star										
USGC2064	72	F	TH	chestnut,star,LR ankle,UNRD lip										
USGC2065	72	F	TH	chestnut,blaze,LR sock,UNRD lip										
USGC2066	120	F	OH	dark chestnut,star,strip,snip,RR sock										
USGC2067	72	F	TH	bay,star,LR,RR cornet,UNRD lip										
USGC2068	144	F	OH	bay										
USGC2069	120	F	OH	chestnut,star										
USGC2070	144	F	TH	chestnut,blaze,LR,RF,RR sock,UNRD lip										
USGC2071	180	F	OH	bay,star										
USGC2072	100	F	OH	palomino,star,strip,sock all 4 legs										
USGC2073	108	F	OH	chestnut,star,strip,snip,LR,RR sock										
USGC2074	168	M	OH	chestnut,star,strip,snip,LR,RR ankle										
USGC2075	144	F	TH	bay,star,strip,LR,RR heel,UNRD lip										
USGC2076	180	F	OH	chestnut,star										
USGC2077	132	F	OH	bay,star,LR cornet,RR ankle										
USGC2078	84	F	TH	chestnut,star,LR sock,UNRD lip										
USGC2079	180	F	OH	dun,blaze,LF ankle,RR sock										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 16,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: LO429

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2080	192	F	QH	black									
1849 MARION HARDIN RD.	USGC2081	72	F	QH	black,star,strip,LF,LR corner,RR ankle									
LA RUE, OH 43332	USGC2082	84	F	TH	bay,star,LF corner,RR ankle,UNRD tip									
	USGC2083	108	F	QH	bay,LF corner									
	USGC2084	84	M	QH	chestnut,blaze,LR,RR sock									
	USGC2085	72	F	QH	bay,star,snip									
	USGC2086	120	F	QH	bay,star									
	USGC2087	132	F	QH	dark chestnut									
	USGC2029	84	M	TH	black,star,LF corner,RF ankle,LR,RR sock,UNRD tip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STAES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIGRATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT BEING REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER | CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION NARON ROAD | STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332 | CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7404995995 | AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2061	✓						✓					✓				
2		2062	✓							✓				✓				
3		2063			✓					✓				✓				
4		2064					✓		✓					✓			LIP—	
5		2065					✓		✓					✓			LIP—	
6		2066					✓			✓				✓				
7		2067	✓						✓					✓			LIP—	
8		2068	✓							✓				✓				
9		2069					✓			✓				✓				
10		2070					✓		✓					✓			LIP—	
11		2071	✓							✓				✓				
12		2072						PAC		✓				✓				
13		2073					✓			✓				✓				
14		2074					✓			✓						✓		
15		2075	✓						✓					✓			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2076					X			X				X				
17		2077	X							X				X				
18		2078					X		X					X			LIP	
19		2079						DUN		X				X				
20		2080			X					X				X				
21		2081			X					X				X				
22		2082	X						X					X			LIP	
23		2083	X							X				X				
24		2084					X			X						X		
25		2085	X							X				X				
26		2086	X							X				X				
27		2087					X			X				X				
28		2029			X				X						X		LIP	
29																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.
2. CERTIFICATE NO.: L024091
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-16-10
5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN
6. STATE CODE: 26
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.
8. CONSIGNOR'S CITY (or Town): LA RUE
12. CONSIGNOR'S STATE: OHIO
13. STATE CODE: 39
14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC
DESTINATION COUNTRY: CANADA
ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)
CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC2031	120	N	PAINT		black/white,blaze,LF,LR,RR sock									
USGC2032	180	F	TH		chestnut,star,LF cornet,LR,RR sock,RF ankle, UNRD lip									
USGC2033	108	F	TH		chestnut,star,RF ankle,UNRD lip									
USGC2034	60	N	QH		chestnut,star,strip,LR cornet									
USGC2035	132	F	QH		palomino,star									
USGC2036	120	N	QH		chestnut,blaze,LR cornet,LF,RF ankle,RR sock									
USGC2037	132	N	QH		chestnut,star,strip,snip,LF sock,RR cornet									
USGC2038	108	F	QH		chestnut,star,strip,LR ankle									
USGC2039	84	F	AP		chestnut,white									
USGC2040	60	N	TH		black,UNRD lip									
USGC2041	72	F	QH		chestnut,star,strip,snip									
USGC2042	60	N	TH		bay,star,LR ankle,UNRD lip									
USGC2043	48	N	QH		bay,star,snip,RR ankle									
USGC2044	84	F	TH		bay,star,UNRD lip									
USGC2045	60	N	QH		bay,star,strip,snip,LF,RF sock									
USGC2046	144	F	QH		chestnut,star,snip									
USGC2047	84	N	SM		gray,brand Z5635									
USGC2048	180	F	BL		chestnut,blaze									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 16,2010
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accreditad
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER
25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140 | PAGE NO.

APPROVED

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2049	144	N	AP	chestnut/white,blaze,blind R eye									
1849 MARION HARDIN RD.	USGC2050	192	N	BL	chestnut,blaze									
LA RUE, OH 43332	USGC2051	36	N	OH	palomino									
	USGC2052	240	F	OH	black									
	USGC2053	180	N	OH	black,star									
	USGC2054	108	F	OH	chestnut,blaze,,LF,RR corget,LR ankle,RF sock									
	USGC2055	60	F	OH	chestnut,star,strip,snip,LF sock,LR corget									
	USGC2056	72	N	PAINT	bay/white,bald									
	USGC2057	60	N	OH	bay									
	USGC2058	60	F	OH	chestnut,star									
	USGC2059	36	N	OH	bay,star,strip,snip,LF corget,scar RR leg									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORTATION MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.107

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7404993995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [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	USGC	2031				BLK WHT							PAINT			✓		
2		2032					✓		✓					✓			LIP—	
3		2033					✓		✓					✓			LIP—	
4		2034					✓			✓						✓		
5		2035						PAL		✓				✓				
6		2036					✓			✓						✓		
7		2037					✓			✓						✓		
8		2038					✓			✓				✓				
9		2039						CHESTN WHT					APP	✓				
10		2040			✓				✓							✓	LIP—	
11		2041					✓			✓				✓				
12		2042	✓						✓							✓	LIP—	
13		2043	✓							✓						✓		
14		2044	✓						✓					✓			LIP—	
15		2045	✓							✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATUR[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-113-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2046					✓			✓				✓				
17		2047		✓									STO			✓	BRAND Z6635	
18		2048					✓				BEL6			✓				
19		2049						CHESTN WHT					APP			✓		BLIND RIGHT EYE
20		2050					✓				BEL6					✓		
21		2051						PAL		✓						✓		
22		2052			✓					✓				✓				
23		2053			✓					✓						✓		
24		2054					✓			✓				✓				
25		2055					✓			✓				✓				
26		2056				BAY WHT							PAINT			✓		
27		2057	✓							✓						✓		
28		2058					✓			✓				✓				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—818-824/99786

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024294

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
BAUER, FRED E.	USGC2140	156	F	OH	chestnut,star,SF,RR sock						
1849 MARION HARDIN RD.	USGC2141	108	F	OH	bay,star,snip,LR sock,RR ankle						
LA RUE, OH 43332	USGC2142	144	F	SN	bay,star,snip,RR sock,corner						
	USGC2143	36	F	OH	chestnut						
	USGC2144	108	F	OH	blue roan,star,RR corner						
	USGC2145	96	M	PAINT	chestnut/white,star,strip,snip						
	USGC2146	84	F	OH	black,snip,LF,LR,RR sock						
	USGC2147	108	F	OH	black,star,RR corner						
	USGC2148	36	M	TH	bay,UNRG 11						
	USGC2149	120	F	OH	chestnut,star,blind R eye						
	USGC2150	132	F	TW	chestnut,star						

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR THE PURPOSE MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024203	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
9-20-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USGC2151	144	F	SN		bay,brand V1903						
USGC2152	120	F	SN		bay,star,snip						
USGC2153	156	F	SN		bay,star,brand TI248						
USGC2154	132	N	SN		bay,UNRD lip						
USGC2155	96	N	TH		bay,star,UNRD lip						
USGC2156	84	N	SN		bay,star,LR heel,RR cornet						
USGC2157	132	N	SN		black,LR,RR heel						
USGC2158	120	F	SN		bay,star,snip,LR cornet						
USGC2159	84	N	QH		black,star						
USGC2160	108	N	SN		bay,faint star,LR ~~ankle~~ SOK,sock,RR ankle						
USGC2161	276	N	PAINT		black/white,star,strip,snip,LF,RF sock,LR ankle						
USGC2162	120	F	QH		chestnut,star,strip,snip,LR,RR ankle,brand 488						
USGC2163	132	F	QH		chestnut,star,strip,snip,LR ankle,brand U over A over 619						
USGC2164	48	F	QH		chestnut,star,snip,LR,RR sock						
USGC2165	144	N	PAINT		chestnut/white,bald,LF,LR sock,RF cornet						
USGC2166	72	N	QH		chestnut,star,strip,snip,LR sock,RF ankle						
USGC2167	240	N	QH		chestnut,blaze						
USGC2168	120	N	QH		dun,star						

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
SEP 20 2010	KEARNS, EARNEST D. 7713	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024203

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
	USGC2169	108	F	PAINT	chestnut/white,bald,LF,RF ankle,LR,RR sock									
	USGC2170	168	F	QH	black									
	USGC2171	144	N	AP	chestnut/white,blaze,LR,RF,RR sock									
	USGC2172	36	N	QH	chestnut,star,strip,snip,LR ankle,RR corner									
	USGC2173	108	F	QH	chestnut,star,strip,snip,sock all 4 legs									
	USGC2174	36	N	TH	bay,star,LR ankle,UNRD lip									
	USGC2175	180	F	TH	black,star,UNRD lip									
	USGC2176	84	N	TH	chestnut,star,strip,snip,UNRD lip									
	USGC2177	96	N	TH	black,UNRD lip									
	USGC2178	96	N	TH	chestnut,star,UNRD lip									
	USGC2179	108	N	TH	black,star,RF heel,UNRD lip									
	USGC2180	48	N	TH	bay,LR ankle,UNRD lip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS the animals in this shipment have not been in the states OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024202

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-20-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2181	180	N	PE	black,star,RR cornet										
1849 MARION HARDIN RD.	USGC2182	48	N	PE	black,star										
LA RUE, OH 43332	USGC2183	168	N	BL	chestnut,blaze										
	USGC2184	120	F	BL	chestnut,blaze,LR cornet,RF ankle,RR sock,blind L eye										
	USGC2185	180	F	BL	chestnut,blaze										
	USGC2186	192	F	BL	chestnut,blaze										
	USGC2187	120	N	BL	chestnut,blaze										
	USGC2188	192	N	SN	bay,brand 162										
	USGC2189	180	F	SN	bay,star,RR ankle										
	USGC2190	144	F	SN	black,RR ankle,UNRD lip										
	USGC2191	192	F	SN	black,star,LF cornet,LR ankle										
	USGC2192	60	F	SN	bay										
	USGC2193	204	F	SN	bay,LR cornet,RR cornet										
	USGC2194	84	M	PE	gray,blaze										
	USGC2195	108	F	TH	black,star,strip,snip,RF,RR ankle,UNRD lip										
	USGC2196	60	N	TH	chestnut,star,LR cornet,RR ankle,UNRD lip										
	USGC2197	84	F	TH	chestnut,star,LR,RR ankle, UNRD lip										
	USGC2198	240	F	OH	bay,faint star,RR heel										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 20 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 3027

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024202

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC2199	120	F	TH	chestnut,blaze, R,RR ankle,UNRD tip										
1849 MARION HARDIN RD.	USGC2200	180	F	TH	bay,star,UNRD tip										
LA RUE, OH 43332	USGC2201	120	F	OH	chestnut,star										
	USGC2202	144	F	TH	bay,star,ankleLR,UNRD tip										
	USGC2203	48	F	TH	bay,star,UNRD tip										
	USGC2204	132	F	TH	chestnut,star,strip,UNRD tip										
	USGC2205	180	F	TH	bay,star,UNRD tip										
	USGC2206	144	N	SI	black,star,strip,snip,LR,RR sock,RF corner										
	USGC2207	240	F	OH	chestnut,star										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED, MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

(Please type or print in ink)

Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARODIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 993 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2121				CHESTN WHT							PAINT	X				
2		2122					X		X							X	LIP—	
3		2123	X										STD	X			BRAND 7BCB2	
4		2124	X						X					X			LIP—	
5		2125			X								TWH	X				
6		2126						PAL		X				X				
7		2127			X					X				X				
8		2128	X						X					X			LIP—	
9		2129					X						TWH			X		
10		2130			X					X				X				
11		2131	X						X							X	LIP—	
12		2132					X			X						X		
13		2133			X								TWH	X				
14		2134				ROAN WHT							PAINT	X				
15		2135	X						X					X			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM[redacted]

(b) (6)

SIGNATURE[redacted]

I HEREBY A[redacted]MATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST:

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2136					✓		✓					✓			LIP	
17		2137	✓						✓					✓			LIP	
18		2138	✓										STO			✓	LIP	
19		2139	✓						✓							✓	LIP	
20		2140					✓			✓				✓				
21		2141	✓							✓				✓				
22		2142	✓										STO	✓				
23		2143					✓			✓				✓				
24		2144						BLUE ROAN		✓				✓				
25		2145				CHESTN WHT							PAINT			✓		
26		2146			✓					✓				✓				
27		2147			✓					✓				✓				
28		2148	✓						✓						✓		LIP	
29		2149					✓			✓				✓				BLIND RIGHT EYE
30		2150					✓			✓			TWH	✓				
31																		
32																		
33																		
34		30																
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2151	✓										STD	✓			BRAND V1903	
2		2152	✓										STD	✓				
3		2153	✓										STD	✓			BRAND T1248	
4		2154	✓										STD			✓	LIP—	
5		2155	✓						✓							✓	LIP—	
6		2156	✓										STD			✓		
7		2157			✓								STD			✓		
8		2158	✓										STD	✓				
9		2159			✓					✓						✓		
10		2160	✓										STD			✓		
11		2161				BLK WHT							PAINT			✓		
12		2162					✓			✓				✓			BRAND 488	
13		2163					✓			✓				✓			BRAND U A 619	
14		2164					✓			✓				✓				
15		2165				CHESTN WHT							PAINT			✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b) (6)

I HEREBY [redacted] ATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDC	2166					✓			✓						✓		
17		2167					✓			✓						✓		
18		2168						DUN		✓						✓		
19		2169				CHSTN WHT							PAINT	✓				
20		2170			✓					✓				✓				
21		2171						CHSTN WHT					APP			✓		
22		2172					✓			✓						✓		
23		2173					✓			✓				✓				
24		2174	✓						✓							✓	LIP—	
25		2175			✓				✓					✓			LIP—	
26		2176					✓		✓							✓	LIP—	
27		2177			✓				✓							✓	LIP—	
28		2178					✓		✓							✓	LIP—	
29		2179			✓				✓							✓	LIP—	
30		2180	✓						✓							✓	LIP—	
31																		
32																		
33		30																
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2181			✓						PERCH					✓		
2		2182			✓						PERCH					✓		
3		2183					✓				BELG					✓		
4		2184					✓				BELG			✓				BLIND LEFT EYE
5		2185					✓				BELG			✓				
6		2186					✓				BELG			✓				
7		2187					✓				BELG					✓		
8		2188	✓										STD			✓	BRAND 162	
9		2189	✓										STD	✓				
10		2190			✓								STD	✓			LIP—	
11		2191			✓								STD			✓		
12		2192	✓										STD	✓				
13		2193	✓										STD	✓				
14		2194		✓							PERCH				✓			
15		2195			✓				✓					✓			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IN [redacted]

(b) (6)

SIGNATU[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2196					✓		✓							✓	LIP	
17		2197					✓		✓					✓			LIP	
18		2198	✓							✓				✓				
19		2199					✓		✓					✓			LIP	
20		2200	✓						✓					✓			LIP	
21		2201					✓			✓				✓				
22		2202	✓						✓					✓			LIP	
23		2203	✓						✓					✓			LIP	
24		2204					✓		✓					✓			LIP	
25		2205	✓						✓					✓			LIP	
26		2206			✓						SHIRE					✓		
27		2207					✓			✓				✓				
28		2208																
29		2209																
30		2210																
31																		
32		27																
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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.)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024294

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-20-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC2121	108	F	PAINT		chestnut/white,bald,LF,LR,RR sock,RF cornet									
USGC2122	48	N	TH		chestnut,star,LF ankle,LR cornet,UNRD lip									
USGC2123	108	F	SN		bay,star,strip,LR sock,RF ankle,brand 7BC32									
USGC2124	144	F	TH		bay,star,snip,LR,RR roan ankle,UNRD lip									
USGC2125	132	F	TW		black									
USGC2126	108	F	QH		palomino,blaze,LF sock,LR ankle,RF heel,RR cornet									
USGC2127	192	F	QH		black, faint star									
USGC2128	132	F	TH		bay,faint star,UNRD lip									
USGC2129	156	N	TW		chestnut,star,strip,snip,RRsock									
USGC2130	132	F	QH		black,blaze									
USGC2131	48	N	TH		bay,star,LR sock,RR ankle,UNRD lip									
USGC2132	120	N	QH		chestnut,star,strip,LR sock									
USGC2133	96	F	TW		black,bald,LR,RF,RR sock									
USGC2134	192	F	PAINT		roan/white,bald,LR,RR sock,RF ankle									
USGC2135	108	F	TH		bay,star,strip,snip,LR,RF,RR ankle,UNRD lip									
USGC2136	84	F	TH		chestnut,star,strip,snip,LR ankle,UNRD lip									
USGC2137	204	F	TH		bay,star,snip,UNRD lip									
USGC2138	192	N	SN		bay,star,UNRD lip									
USGC2139	156	N	TH		bay,star,UNRD lip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 20 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): BAUER, FRED E.

2. CERTIFICATE NO.: E024297

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-13-10

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (*or Town*): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGC1971	132	F	TH		bay,star,LF heel,RF ankle,UNRD 11p									
USGC1972	120	F	TH		bay,star,LR,RR sock,UNRD 11p									
USGC1973	132	N	SN		bay,star,brand VE660									
USGC1974	180	N	SN		bay,RR ankle,brand R8149									
USGC1975	60	F	TH		bay,UNRD 11p									
USGC1976	120	N	SN		bay,star,RF ankle,UNRD 11p									
USGC1977	252	N	SN		black,star,LR cornet,UNRD 11p									
USGC1978	144	N	SN		bay,brand X5301									
USGC1979	240	N	BL		chestnut,blaze,									
USGC1980	96	N	SN		bay,star,RR cornet,brand Z5946									
USGC1981	144	N	SN		bay,UNRD 11p									
USGC1982	120	F	BL		chestnut,star,strip,snip									
USGC1983	120	F	SN		bay,									
USGC1984	72	N	SN		bay,brand Z0455									
USGC1985	336	N	SN		black,faint star,UNRD 11p									
USGC1986	180	N	SN		chestnut,star,strip,snip,LF,RF cornet,LR sock,RR ankle,~~UNRD~~UNRD 11p									
USGC1987	192	N	AP		red roan,blaze									
USGC1988	108	N	OH		chestnut,star,strip,LR cornet									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 13,2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: U024297

3. PAGE NO.: 31

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	M	N	O
BAUER, FRED E.	USGC1989	84	F	TH	black,UNRD lip									
1849 MARION HARDIN RD.	USGC1990	216	N	QN	gray,strip,snip									
LA RUE, OH 43332	USGC1991	108	N	SN	bay,brand W2890									
	USGC1992	48	M	TH	bay,star,RF ankle,UNRD lip									
	USGC1993	48	F	TH	black,UNRD lip									
	USGC1994	96	N	TH	black,star,LR ankle,RR heel,UNRD lip									
	USGC1995	84	F	TH	bay,star,snip,RR ankle,UNRD lip									
	USGC1996	84	N	TH	bay,star,LF corner,RF ankle,UNRD lip									
	USGC1997	72	F	TH	bay,star,LR,RR ankle,UNRD lip									
	USGC1998	48	F	TH	bay,faint star,RR heel,UNRD lip									
	USGC1999	48	F	TH	black,UNRD lip									
	USGC2000	84	N	TH	chestnut,star,strip,snip,UNRD lip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT BEING REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAY, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD
STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE, OHIO 43332
CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995
AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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	USGC	1971	✓						✓					✓			LIP –	
2		1972	✓						✓					✓			LIP –	
3		1973	✓										STD			✓	BRAND VE660	
4		1974	✓										STD			✓	BRAND R8149	
5		1975	✓						✓					✓			LIP –	
6		1976	✓										STD			✓	LIP –	
7		1977			✓								STD			✓	LIP –	
8		1978	✓										STD			✓	BRAND X5301	
9		1979					✓				BELG					✓		
10		1980	✓										STD			✓	BRAND Z5946	
11		1981	✓										STD			✓	LIP –	
12		1982					✓				BELG			✓				
13		1983	✓										STD	✓				
14		1984	✓										STD			✓	BRAND Z0465	
15		1985			✓								STD			✓	LIP –	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

(b) (6)

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

FORM APPROVED. OMB NO. 0579-0020 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L02A299

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-13-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC1941	144	F	OH		bay,star,strip,snip,RF ankle,LR,RR sock									
USGC1942	48	N	OH		bay,star,LR ankle									
USGC1943	204	N	HAFLINGER		chestnut,blaze,LR,RR sock									
USGC1944	216	N	HAFLINGER		chestnut,blaze									
USGC1945	72	N	OH		black,star									
USGC1946	72	F	OH		cream,star									
USGC1947	120	F	OH		chestnut,blaze,LR ankle									
USGC1948	108	N	AP		chestnut/white,star,strip,snip									
USGC1949	120	F	OH		chestnut,star,strip,snip,LF ankle,RR cornet,LR, RF sock									
USGC1950	50	N	OH		chestnut,blaze,LR cornet									
USGC1951	204	N	HAFLINGER		chestnut,strip									
USGC1952	144	F	OH		chestnut,blaze,LF sock,RR cornet,LR,RF ankle									
USGC1953	24	F	PAINT		chestnut/white,blaze,LR,RF,RR sock									
USGC1954	144	F	OH		chestnut,blaze,sock all 4 legs									
USGC1955	120	F	OH		chestnut,LR cornet,RR ankle									
USGC1956	132	F	OH		bay,star,snip,LR ankle									
USGC1957	156	N	SN		bay,star,strip,snip,LF ankle,LR,RF,RR sock									
USGC1958	120	F	OH		black,star									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 13,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional info... Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

PAGE NO.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (T8) — 18. INDIVIDUAL IDENTIFICATION — CERTIFIED BRUCELLOSIS FREE AREA

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC1959	108	N	OH	chestnut,blaze,RF corpet										
1849 MARION HARDIN RD.	USGC1960	132	F	OH	chestnut,star,ship,LF sock										
LA RUE, OH 43332	USGC1961	144	N	OH	chestnut,star,strip,LR sock										
	USGC1962	48	M	OH	bay,LR corpet										
	USGC1963	180	F	OH	palomino,blaze,LR ankle,RR sock										
	USGC1964	132	F	OH	chestnut,star,strip,snip										
	USGC1965	72	F	OH	bay,star,strip,snip,RF ankle,LR,RR sock										
	USGC1966	36	F	OH	chestnut,blaze										
	USGC1967	168	F	BL	chestnut,star,strip,RR sock										
	USGC1968	180	F	MULE	chestnut,roan face										
	USGC1969	192	F	MULE	black										
	USGC1970	84	F	OH	palomino,star,RR ankle										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE ~~STATES~~ STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BALER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BALER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7404993995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1941	✓							✓				✓				
2		1942	✓							✓						✓		
3		1943					✓						HAFL			✓		
4		1944					✓						HAFL			✓		
5		1945			✓					✓						✓		
6		1946						CREAM		✓				✓				
7		1947					✓			✓				✓				
8		1948						CHESTN WHT.					APP			✓		
9		1949					✓			✓				✓				
10		1950					✓			✓						✓		
11		1951					✓						HAFL			✓		
12		1952					✓			✓				✓				
13		1953				CHESTN WHT							PAINT	✓				
14		1954					✓			✓				✓				
15		1955					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024296

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-13-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTRY CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2001	120	F	QH		chestnut,star,snip,LR ankle,blind L eye									
1849 MARION HARDIN RD.	USGC2002	60	N	QH		bay,star									
LA RUE, OH 43332	USGC2003	84	N	QH		chestnut,LR ankle									
	USGC2004	60	F	PAINT		black/white,star,strip,brand LB									
	USGC2005	120	N	SN		bay,LF cornet,LR,RR ankle,brand RM620									
	USGC2006	84	F	SN		bay,faint star,LR,RR ankle,brand 4AE08									
	USGC2007	192	N	QH		black,star,snip,LR ankle									
	USGC2008	120	N	QH		chestnut,star,strip,snip									
	USGC2009	84	F	QH		chestnut,blaze,sock all 4 legs									
	USGC2010	108	F	QH		chestnut,star,strip,snip,LR sock									
	USGC2011	72	N	SN		bay,star,snip									
	USGC2012	144	F	SN		bay,star									
	USGC2013	120	N	AP		red roan,roan star									
	USGC2014	108	F	QH		bay,star,snip,LR coronet,RR ankle									
	USGC2015	120	N	SN		bay,star									
	USGC2016	144	N	SN		bay,UNRD lip									
	USGC2017	120	N	SN		black,brand ZN565									
	USGC2018	180	N	SN		black,star,LR ankle,brand 38450									
	USGC2019	168	N	SN		bay,LR,RR ankle,RF cornet,brand S1200									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 13,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART A - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024296

3. PAGE NO.: 2

18. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E.	USGC2020	120	F	TH	chestnut,star,strip,snip,LF ankle,RR cornet,UNRD lip										
1849 MARION WARDIN RD.	USGC2021	48	M	OH	chestnut,star,strip,snip,LR,RR sock										
LA RUE, OH 43332	USGC2022	108	F	OH	chestnut,star,strip,snip,LF,LR,RR sock										
	USGC2023	76	F	OH	chestnut,star,strip										
	USGC2024	36	M	FAINT	chestnut/white,star,snip,sock all 4 legs										
	USGC2025	60	M	TH	chestnut,UNRD lip										
	USGC2026	60	M	TH	black,UNRD lip										
	USGC2027	60	M	TH	chestnut,LR cornet,RR ankle,UNRD lip										
	USGC2028	72	M	TH	bay,star,UNRD lip										
	USGC2029	84	M	TH	black,star,LF cornet,RF ankle,LR,RR sock,UNRD lip										
	USGC2030	120	F	SH	bay,faint star,brand XB712										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRNANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DATE OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LAKUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION NARDIN ROAD

STREET ADDRESS: 525 RUE ROYALE CP101

CITY, STATE, ZIP CODE: LAKUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7049993995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	LNGC	2001					✓			✓				✓				BLIND LEFT EYE
2		2002	✓							✓						✓		
3		2003					✓			✓						✓		
4		2004				BLK WHT							PRINT	✓			BRAND L B	
5		2005	✓										STD			✓	BRAND RM 620	
6		2006	✓										STD	✓			BRAND 4AE08	
7		2007			✓					✓						✓		
8		2008					✓			✓						✓		
9		2009					✓			✓				✓				
10		2010					✓			✓				✓				
11		2011	✓										STD			✓		
12		2012	✓										STD	✓				
13		2013						RED ROAN					APP			✓		
14		2014	✓							✓				✓				
15		2015	✓										STD			✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIAT[redacted]

(b) (6)

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): BAUER, FRED E.

2. CERTIFICATE NO.: L024289

3. PAGE NO.:

4. DATE ISSUED: 9-9-10

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (*or Town*): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (*"X" if yes*): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): VIANDE RICHELIEU INC. 595 Rue ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1911	180	N	PE		black,star									
1849 MARION HARDIN RD.	USGC1912	240	F	QH		bay									
LA RUE, OH 43332	USGC1913	192	N	QH		black,star									
	USGC1914	60	F	TH		bay,LR ~~cornc~~cornet, UNRD lip									
	USGC1915	144	F	SN		bay,LR cornet,brand W9786									
	USGC1916	120	F	TH		black,star,UNRD lip									
	USGC1917	120	N	QH		chestnut,blaze,LF,RR sock,LR ankle,RF cornet									
	USGC1~~8~~918	144	N	TH		chestnut,star,LF,RF cornet,LR sock,UNRD lip									
	USGC1919	72	N	TH		chestnut,star,strip,snip,LF ankle,LR sock,RR cornet,UNRD lip									
	USGC1920	36	F	TH		chestnut,star,strip,snip,UNRD lip									
	USGC1921	36	F	TH		bay,star,strip,LF,LR,RR sock,RF ankle,UNRD lip									
	USGC1922	120	F	QH		chestnut									
	USGC1923	108	F	QH		chestnut,star,strip,snip,LR,RR ankle									
	USGC1924	84	F	QH		chestnut,star									
	USGC1925	60	F	QH		bay,star,LR ankle									
	USGC1926	72	N	QH		bay									
	USGC1927	108	N	QH		palomino,star,snip,LR cornet,RF ankle									
	USGC1928	144	N	SN		bay,star,LR ankle,UNRD lip,scar RF leg									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 9 2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024289

3. PAGE NO: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC1929	276	F	TH		chestnut,star,strip,snip,RR sock,UNRD tip									
1849 MARION HARDIN RD.	USGC1930	60	F	TH		chestnut,star,strip,snip,LR ankle,RR corner,UNRD tip									
LA RUE, OH 43332	USGC1931	60	F	TH		chestnut,star,snip,LR sock,UNRD tip									
	USGC1932	144	F	TH		black,star,UNRD tip									
	USGC1933	120	F	TH		bay,LR sock,UNRD tip									
	USGC1934	24	N	TH		bay,star,strip,RF heel,RR ankle									
	USGC1935	84	N	TH		bay,star,snip,LR ankle,UNRD tip									
	USGC1936	48	N	TH		bay,star,RR corner,UNRD tip									
	USGC1937	240	F	TH		bay,star,snip,LR,RR ankle,UNRD tip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [ ] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	A11			✓						PERCH					✓		
2		1912	✓							✓				✓				
3		1913			✓					✓						✓		
4		1914	✓						✓					✓			LIP—	
5		1915	✓										STD	✓			BRAND W9786	
6		1916			✓				✓					✓			LIP—	
7		1917					✓			✓						✓		
8		1918					✓		✓							✓	LIP—	
9		1919					✓		✓							✓	LIP—	
10		1920					✓		✓					✓			LIP—	
11		1921	✓						✓					✓			LIP—	
12		1922					✓			✓				✓				
13		1923					✓			✓				✓				
14		1924					✓			✓				✓				
15		1925	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]

SIGNATURE[redacted]

(b) (6)

I HEREBY [redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024300

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-23-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC 595 RDE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

BAUER, FRED E.	ID NO. OR DESCRIPTION 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
1849 MARION HARDIN RD.	USGC2211	120	M	OH CHESTNUT			STAR STRIP LR ANKLE								
LA RUE, OH 43332	USGC2212	180	F	PAINT BLACK			WHITE STAR LF SOCK						LR SOCK	RF SOCK	
				RR SOCK			BLIND LEFT EYE								
	USGC2213	144	N	AP RED ROAN			BLIND R EYE								
	USGC2214	96	F	OH GRAY STAR			SNIP RR SOCK								
	USGC2215	144	N	OH BAY STAR											
	USGC2216	84	N	TH CHESTNUT			STAR STRIP SNIP LIP?								
	USGC2217	108	N	PAINT BAY			WHITE STAR LF SOCK LR SOCK RF SOCK RR SOCK								
	USGC2218	144	N	OH BAY STAR			SNIP LR SOCK RR ANKLE								
	USGC2219	180	N	OH CHESTNUT			STAR STRIP SNIP LF SOCK LR SOCK RR SOCK								
	USGC2220	192	F	OH BLACK STAR											
	USGC2221	144	F	SN BAY STAR			LIP?								
	USGC2222	180	F	SN BAY STAR			STRIP RR SOCK LIP?								
	USGC2223	72	F	MAFLINGER CHESTNUT			BLAZE LR ANKLE RR ANKLE								
	USGC2224	84	F	OH CHESTNUT			STAR								
	USGC2225	120	F	OH RED ROAN			STAR								
	USGC2226	144	F	OH BAY			STAR								
	USGC2227	180	N	OH CHESTNUT			BLAZE								
	USGC2228	192	N	OH BLACK STAR											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 23,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS , EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR/98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140 | PAGE NO.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initiels, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (T8) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2225	48	F	OH	CHESTNUT	STAR	LF	CORNET			LR	SOCK RR	SOCK	
1849 MARION HARDIN RD.	USGC2230	84	F	PAINT	CHESTNUT	WHITE	BALD	RF	SOCK RR	SOCK				
LA RUE, OH 43332	USGC2231	120	F	AP	CHESTNUT	WHITE	STAR	STRIP						
	USGC2232	180	F	OH	CHESTNUT	STAR	STRIP	SNIP	RR	SOCK	BRAND S			
	USGC2233	84	M	OH	CHESTNUT	STAR	STRIP	SNIP	LF	SOCK	RF	CORNET	RR	SOCK
	USGC2234	108	F	SN	BLACK	STAR	BRAND	VB122						
	USGC2235	144	F	SN	BAY	FAINT	STAR	BRAND	Z4L07					
	USGC2236	120	F	OH	BAY	STRIP	SNIP	LF	ANKLE	LR	SOCK RR	SOCK		
	USGC2237	132	M	SN	BAY	SNIP	RR	CORNET						
	USGC2238	120	F	SN	BAY	STAR	STRIP	BRAND	WF115					
	USGC2239	60	F	TH	BAY	STAR	STRIP	LIP?						
	USGC2240	60	M	TH	BAY	STAR	STRIP	SNIP	LR	ANKLE	RR	CORNET	LIP?	

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE [illegible] THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE [illegible] 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHECIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC, J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 882 4910

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2211					✓			✓					✓			
2		2212				BLK WHT							PAINT	✓				BLIND LEFT EYE
3		2213						RED ROAN					APP			✓		BLIND RIGHT EYE
4		2214		✓						✓				✓				
5		2215	✓							✓						✓		
6		2216					✓		✓							✓	CIP—	
7		2217				BAY WHT							PAINT			✓		
8		2218	✓							✓						✓		
9		2219					✓			✓						✓		
10		2220			✓					✓				✓				
11		2221	✓										STD	✓			CIP—	
12		2222	✓										STD	✓			CIP—	
13		2223					✓						HAFL	✓				
14		2224					✓			✓				✓				
15		2225						RED ROAN		✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME (b) (6) [redacted]

SIGNATURE [redacted]

I HEREBY AU [redacted] NFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2226	✓							✓				✓				
17		2227					✓			✓						✓		
18		2228			✓					✓						✓		
19		2229					✓			✓				✓				
20		2230				CHESTN WHT							PAINTD	✓				
21		2231						CHESTN WHT					APP	✓				
22		2232					✓			✓				✓			BRAND S	
23		2233					✓			✓						✓		
24		2234			✓								STD	✓			BRAND V B122	
25		2235	✓										STD	✓			BRAND Z4L07	
26		2236	✓							✓				✓				
27		2237	✓										STD			✓		
28		2238	✓										STD	✓			BRAND WF115	
29		2239	✓						✓					✓			LIP	
30		2240	✓						✓							✓	LIP	
31																		
32																		
33																		
34																		
35																		
36																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024201

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-23-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 3931

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specity)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

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
USGC 2271	120	F	OH CHESTNUT BLAZE RR SOCKS											
USGC 2272	132	F	PAINT OHN WHITE SNIP LF,LR,RF,RR SOCKS											
USGC 2273	108	N	OH CHESNUT STAR LF CORNET LR,RF,RR ANKLE											
USGC 2274	144	F	OH BAY											
USGC 2275	108	N	PAINT BLACK WHITE STAR STRIP LF,LR,RF,RR SOCKS											
USGC 2276	72	N	OH CHESNUT BLAZE LR,RR SOCKS											
USGC 2277	72	F	SM BAY STAR RR ANKLE											
USGC 2278	60	F	OH BAY STAR STRIP RR CORNET											
USGC 2279	180	N	TH CHESNUT STAR STRIP SNIP LF,LR,RF SOCK LIP----											
USGC 2280	144	F	OH CHESNUT STAR STRIP SNIP											
USGC 2281	180	F	OH BAY STAR SNIP											
USGC 2282	120	N	OH BAY RR CORNET											
USGC 2283	68	F	OH CHESNUT BLAZE LR RR ANKLE											
USGC 2284	144	F	OH CHESTNUT STAR SNIP											
USGC 2285	180	F	OH BAY STAR SNIP RR CORNET BLIND RIGHT EYE											
USGC 2286	144	F	PAINT PAL WHITE BLAZE LFLRRFRR ~~COSKC~~ SOCKS											
USGC 2287	180	N	OH BAY STAR RR ANKLE											
USGC 2288	144	F	OH BLACK LR ANKLE RR CORNET											
USGC 2289	190	F	SM BLACK											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 23,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian:

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN:

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

2. CERTIFICATE NO. (FROM VS FORM 17-140) 024201

3. PAGE NO. 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC 2290	192	F	PE	BLACK STAR SNIP ORD18 BRAND									
1849 MARION HARDIN RD.	USGC 2291	144	F	SN	BAY STAR SNIP LR CORNET									
LA RUE, OH 43332	USGC 2292	48	F	OH	CHESTNUT BLAZE LF CORNET RR SOCK									
	USGC 2293	180	F	SN	BLACK RR ANKLE ST642 BRAND									
	USGC 2294	107	F	OH	CHESTNUT BLAZE RF CORNSOCK RR CORNET STAR WITH ARROW BRAND									
	USGC 2295	120	F	OH	BAY STAR STRIP SNIP LR RR SOCKS									
	USGC 2296	72	F	PAINT	CHESTNUT WHITE BLAZE									
	USGC 2297	120	F	OH	BLACK STAR SNIP									
	USGC 2298	192	F	OH	BAY STAR SNIP LF RF ANKLE LR RR SOCKS									
	USGC 2299	120	N	TH	BLACK LR CORNET LIP									
	USGC 2300	108	F	OH	BAY STAR									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION, THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. fit to be transported means that, on the day of inspection, no ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

DVM

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUE VILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2271					✓			✓				✓				
2		2272				OLD WHT							PAINT	✓				
3		2273					✓			✓						✓		
4		2274	✓							✓				✓				
5		2275				BLE WHT							PAINT			✓		
6		2276					✓			✓						✓		
7		2277	✓										STD	✓				
8		2278	✓							✓				✓				
9		2279					✓		✓							✓	CLIP—	
10		2280					✓			✓				✓				
11		2281	✓							✓				✓				
12		2282	✓							✓						✓		
13		2283					✓			✓				✓				
14		2284					✓			✓				✓				
15		2285	✓							✓				✓				BLIND RIGHT EYE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[redacted]

SIGNATURE [redacted]

I HEREBY AU[redacted]FORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2286				PAL WHT							PAINT	✓				
17		2287	✓							✓						✓		
18		2288			✓					✓				✓				
19		2289			✓								STD	✓				
20		2290			✓						PERCH			✓			BRAND DR 018	
21		2291	✓										STD	✓				
22		2292					✓			✓				✓				
23		2293			✓								STD	✓			BRAND S1642	
24		2294					✓			✓				✓			BRAND	
25		2295	✓							✓				✓				
26		2296				CHESTN WHT							PAINT	✓				
27		2297			✓					✓				✓				
28		2298	✓							✓				✓				
29		2299			✓				✓							✓	LIP—	
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): BAUER, FRED E.

2. CERTIFICATE NO.: L024295

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-23-10

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (*or Town*): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC 2241	84	F	QH	BLACK STAR										
USGC 2242	84	F	TH	BLACK STAR LR,RR CORNETS								LIP----		
USGC 2243	96	F	QH	BAY SNIP										
USGC 2244	48	F	QH	BAY STAR										
USGC 2245	98	F	QH	BAY STAR STRIP SNIP LR CORNET RR SOCK										
USGC 2246	48	F	QH	BAY										
USGC 2247	144	F	PAINT	~~CHESTER~~ WHITE BALD CHESTNUT										
USGC 2248	72	F	QH	~~CHESTER~~ BLAZE LR ANKLE CHESTNUT										
USGC 2249	120	F	QH	~~CHESTER~~ BLAZE LF,LR,RF,RR SOCKS CHESTNUT										
USGC 2250	36	F	QH	~~CHESTER~~ STAR STRIP SNIP CHESTNUT										
USGC 2251	60	F	PAINT	~~CHESTER~~ WHITE BALD RR ANKLE CHESTNUT										
USGC 2252	48	F	AP	BAY ROAN STAR STRIP SNIP RR CORNET										
USGC 2253	96	F	SN	BAY BRAND 6A)0(8A029										
USGC 2254	132	F	QH	BAY										
USGC 2255	60	F	QH	~~CHESTER~~ STAR STRIP CHESTNUT										
USGC 2256	84	F	QH	~~CHESTER~~ STAR STRIP SNIP RR SOCK CHESTNUT										
USGC 2257	72	F	QH	BAY STAR										
USGC 2258	120	N	QH	BAY										
USGC 2259	108	N	QH	~~CHESTER~~ CHESTNUT STAR SNIP STRIP LF,RF,RR SOCKS LR CORNET										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 23,2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE FROM VS FORM 17-140: 0024295

3. PAGE NO. 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC 2260	72	N OH	CHESTER		STAR STRIP SNIP N						CHESTNUT		
1849 MARION HARDIN RD.	USGC 2261	84	N OH	CHESTER		BLAZE LR,RF,RR SOCKS						CHESTNUT		
LA RUE, OH 43332	USGC 2262	156	N OH	CHESTER		STAR CHESTNUT								
	USGC 2263	48	N OH	BAY		STAR SNIP LR,RF,RR ANKLES								
	USGC 2264	240	N OH	PAL		STAR STRIP SNIP LR,RR SOVCKS								
	USGC 2265	84	N OH	CHESTER		STAR CHESTNUT								
	USGC 2266	120	N	MULE		BLACK								
	USGC 2267	72	N OH	RED ROAN		STAR LR,RF,RR CORNETS								
	USGC 2268	144	N OH	CHESTER		STAR RR SOCKS CHESTNUT								
	USGC 2269	60	N	PAINT BAY		WHITE STAR SNIP LF,LR,RF,RR SOCKS								
	USGC 221962	48	N OH	BAY		LR CORNET								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. the ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHSYCICAL CONDITION OF THE ANI ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET BAUER
CONSIGNOR (OWNER/SHIPPER) NAME FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME VIANDE RICHELIEU
STREET ADDRESS 1849 MARION HARDIN RD,	STREET ADDRESS 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE LARUE OHIO 43332	CITY, STATE, ZIP CODE MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO. 7404993995	AREA CODE & TELEPHONE NO. 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2241			✓					✓				✓				
2		2242			✓				✓					✓			LIP—	
3		2243	✓							✓				✓				
4		2244	✓							✓				✓				
5		2245	✓							✓				✓				
6		2246	✓							✓				✓				
7		2247				CHSTN WHT							PRINT	✓				
8		2248					✓			✓				✓				
9		2249					✓			✓				✓				
10		2250					✓			✓				✓				
11		2251				CHSTN WHT							PRINT	✓				
12		2252						BAY ROAN					APP	✓				
13		2253	✓										STD	✓			BRAND 8 A029	
14		2254	✓							✓				✓				
15		2255					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructione, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2256					✓			✓				✓				
17		2257	✓							✓				✓				
18		2258	✓							✓						✓		
19		2259					✓			✓						✓		
20		2260					✓			✓						✓		
21		2261					✓			✓						✓		
22		2262					✓			✓						✓		
23		2263	✓							✓						✓		
24		2264						PAL		✓						✓		
25		2265					✓			✓						✓		
26		2266			✓								MULE			✓		
27		2267						RED ROAN		✓						✓		
28		2268					✓			✓						✓		
29		2269				BAY WHT							PAINT			✓		
30		2270	✓							✓					✓			
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

#2 PAGE 2

USGC	BACK TAG	AGE	SEX	BREED	COLOR	HEAD	LF	LR	RF	RR	BRAND - TATTOO	REMARKS
2258	66	120	N	Q	BAY							
2259	95	108	N	Q	CHSTN	STAR STRIP SNIP	SOCK	CORNET	SOCK	SOCK		
2260	104	72	N	Q	CHSTN	STAR STRIP SNIP						
2261	85	84	N	Q	CHSTN	BLAZE		SOCK	SOCK	SOCK		
2262	91	156	N	Q	CHSTN	STAR						
2263	- 107	48	N	Q	BAY	STAR SNIP		ANKLE	ANKLE	ANKLE		
2264	82	240	N	Q	PAL	STAR STRIP SNIP		SOCK		SOCK		
2265	- 101	84	N	Q	CHSTN	STAR						
2266	102	120	N	MULE	BLK							
2267	105	72	N	Q	RED ROAN	STAR		CORNET	CORNET	CORNET		
2268	103	144	N	Q	CHSTN	STAR				SOCK		
2269	106	60	N	PAINT	BAY WHT	STAR SNIP	SOCK	SOCK	SOCK	SOCK		
1962	824	48	M STUD	Q	BAY			CORNET				
30												

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FORM APPROVED OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: 1024206

3. PAGE NO.: 1 OF 1

4. DATE ISSUED: 9-27-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE:

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSIEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

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
USGC2301	72	N	TH BAY STAR STRIP SNIP LR SOCK RR SOCK LIP?											
USGC2302	72	N	TH BLACK STAR RR ANKLE LIP?											
USGC2303	60	N	TH BAY RR ANKLE LIP?											
USGC2304	36	N	TH BAY STAR LR SOCK LIP?											
USGC2305	60	N	TH CHESTNUT STAR STRIP SNIP LR CORNET LIP?											
USGC2306	60	F	TH CHESTNUT STAR STRIP SNIP LR SOCK RR CORNET LIP?											
USGC2307	48	F	TH BAY BLAZE LF ANKLE LR ANKLE LIP?											
USGC2308	60	F	TH BAY LIP?											
USGC2309	60	F	TH BAY STAR LR ANKLE RR ANKLE LIP?											
USGC2310	84	F	TH CHESTNUT STAR LR CORNET RR CORNET LIP?											
USGC2311	84	F	TH BAY STAR LR SOCK RF SOCK RR SOCK LIP?											
USGC2312	60	N	TH BAY STAR LIP?											
USGC2313	48	F	TH BAY LR ANKLE RR CORNET LIP?											
USGC2314	36	M	TH BAY STAR SNIP LF ANKLE LR ANKLE RF ANKLE RR SOCK											
USGC2315	60	N	TH BAY STAR STRIP LIP?											
USGC2316	72	N	TH BAY STAR LIP?											
USGC2317	36	N	TH BAY STAR LR ANKLE LIP?											
USGC2318	84	N	TH BAY LIP?											
USGC2319	60	N	TH BAY STAR STRIP SNIP LR SOCK RR CORNET LIP?											

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP. 27, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 0024206

3. PAGE NO.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC2320	60	F	TH	BAY	STAR	LF	CORNET	LR	ANKLE	RR	CORNET	LIP?		
1849 MARION HARDIN RD.	USGC2321	48	N	TH	BAY	STRIP	SNIP	RR	CORNET	LIP?					
LA RUE, OH 43332	USGC2322	36	F	TH	BAY	STAR									
	USGC2323	84	F	TH	BAY	STAR	LIP?								
	USGC2324	60	M	TH	GRAY	SNIP	LR	SOCK	RF	ANKLE	LIP?				
	USGC2325	48	F	TH	BAY	STAR	LIP?								
	USGC2326	45	F	TH	CHESTNUT	STAR	STRIP	LR	SOCK	RR	SOCK	LIP?			
	USGC2327	60	F	AP	RED ROAN	BLAZE	LF	SOCK	LR	SOCK	RF	SOCK	RR	SOCK	
	USGC2328	180	F	AP	GRAY	NO	OTHER	MARKINGS							
	USGC2329	48	F	TH	BLACK	LIP?									
	USGC2330	96	N	QH	CHESTNUT	STAR	SNIP								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

APPROVED

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN RD.

STREET ADDRESS: 595 RUE ROYALE C.P. 107

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] 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	USGC	2301	✓						✓							✓	LIP—	
2		2302			✓				✓							✓	LIP—	
3		2303	✓						✓							✓	LIP—	
4		2304	✓						✓							✓	LIP—	
5		2305					✓		✓							✓	LIP—	
6		2306					✓		✓					✓			LIP—	
7		2307	✓						✓					✓			LIP—	
8		2308	✓						✓					✓			LIP—	
9		2309	✓						✓					✓			LIP—	
10		2310					✓		✓					✓			LIP—	
11		2311	✓						✓					✓			LIP—	
12		2312	✓						✓							✓	LIP—	
13		2313	✓						✓					✓			LIP—	
14		2314	✓						✓							✓		
15		2315	✓						✓							✓	LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM[redacted]

(b) (6)

SIGNATUR[redacted]

I HEREBY [redacted]D THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald		
16	USGC	2316	✓						✓							✓	LIP—	
17		2317	✓						✓							✓	LIP—	
18		2318	✓						✓							✓	LIP—	
19		2319	✓						✓							✓	LIP—	
20		2320	✓						✓					✓			LIP—	
21		2321	✓						✓							✓	LIP—	
22		2322	✓						✓					✓				
23		2323	✓						✓					✓			LIP—	
24		2324		✓					✓						✓		LIP—	
25		2325	✓						✓					✓			LIP—	
26		2326					✓		✓					✓			LIP—	
27		2327						RED ROAN					APP	✓				
28		2328		✓									APP	✓				
29		2329			✓				✓					✓			LIP—	
30		2330					✓			✓						✓		
31																		
32																		
33		30																
34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024207

3. PAGE NO.: 2 OF 2

4. DATE ISSUED: 9-27-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGC2331	300	F	BL	CHESTNUT STRIP SNIP										
USGC2332	72	N	SN	BAY BRAND 2BS33										
USGC2333	120	F	PAINT	BAY WHITE BALD LR SOCK										
USGC2334	300	F	PE	BLACK STAR										
USGC2335	120	N	AP	BLACK WHITE NO OTHER MARKINGS										
USGC2336	132	N	PAINT	CHESTNUT WHITE BLAZE LR SOCK RR SOCK										
USGC2337	168	N	SN	BAY STAR LR CORNET BRAND T8529										
USGC2338	72	F	PAINT	BLACK WHITE BLAZE LR SOCK RF SOCK RR SOCK										
USGC2339	60	F	PAINT	BLACK WHITE BLAZE LF SOCK LR SOCK RF SOCK RR SOCK BLIND R EYE										
USGC2340	156	N	OH	BLACK NO OTHER MARKINGS										
USGC2341	156	N	SN	BAY STAR										
USGC2342	180	F	TH	BLACK STAR LIP? BLIND L EYE										
USGC2343	192	N	AP	RED ROAN BLAZE LR SOCK RF SOCK RR SOCK										
USGC2344	96	F	OH	CHESTNUT STAR STRIP SNIP LR CORNET										
USGC2345	120	N	BL	CHESTNUT BLAZE LR ANKLE RR ANKLE										
USGC2346	156	N	AP	CHESTNUT WHITE STAR										
USGC2347	156	F	OH	BAY STAR RR CORNET SCAR R HOCK										
USGC2348	108	F	PAINT	BLACK WHITE STAR STRIP SNIP LR SOCK LR SOCK RF SOCK RR SOCK										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP. 27, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L02420

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC2349	120	F	OH	BAY	STAR STRIP SNIP LR SOCK								
1849 MARION HARDIN RD.	USGC2350	156	M	SN	BLACK	STAR SNIP LR CORNET						RR CORNET	BRAND R9610	
LA RUE, OH 43332						BLIND R EYE								
	USGC2351	132	N	OH	PALOMINO	STAR STRIP SNIP LF SOCK LR SOCK RF ANKLE								
	USGC2352	180	F	SN	BLACK	LIP?								
	USGC2353	140	F	OH	CHESTNUT	BLAZE LR CORNET								
	USGC2354	132	M	SN	BAY	STAR BRAND J3465								
	USGC2355	96	F	AP	GRAY	NO OTHER MARKINGS								
	USGC2356	192	N	CL	BAY	BLAZE LF SOCK LR SOCK RF SOCK RR SOCK								
	USGC2357	192	N	CL	BAY	BLAZE LF SOCK LR SOCK RF SOCK RR SOCK								
	USGC2358	180	M	BL	RED ROAN	BLAZE								
	USGC2359	240	M	OH	CHESTNUT	STAR STRIP SNIP LR SOCK RR SOCK								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, THE ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

APPROVED

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7049993995	AREA CODE & TELEPHONE NO.: 5078822490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Gald	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2331					✓				BELG			✓				
2		2332	✓										STD			✓	BRAND 2B533	
3		2333				BRN WHT							PRINT	✓				
4		2334			✓						PERCH			✓				
5		2335						BLK WHT					APP			✓		
6		2336				CHSTN WHT							PRINT			✓		
7		2337	✓										STD			✓	BRAND T8529	
8		2338				BLK WHT							PRINT	✓				
9		2339				BLK WHT							PRINT	✓				BLIND RIGHT EYE
10		2340			✓					✓						✓		
11		2341	✓										STD			✓		
12		2342			✓				✓					✓			LIP—	BLIND LEFT EYE
13		2343						RED ROAN					APP			✓		
14		2344					✓			✓				✓				
15		2345					✓				BELG					✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED[redacted]

SIGNATURE [redacted]

(b) (6)

I HEREBY AUT[redacted] ORMATION IN IT AS COMPLETED BY [redacted] RM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2346						CHESTN WHT					APP			✓		
17		2347	✓							✓				✓				SCAR RIGHT Hock
18		2348				BLK WHT							PAINT	✓				
19		2349	✓							✓				✓				
20		2350			✓								STD			✓	BRAND R9610	BLIND RIGHT EYE
21		2351						PAL		✓						✓		
22		2352			✓								STD	✓			LIP—	
23		2353					✓			✓				✓				
24		2354	✓										STD			✓	BRAND J3465	
25		2355		✓									APP	✓				
26		2356	✓								CLYDE					✓		
27		2357	✓								CLYDE					✓		
28		2358						RED ROAN			BELG					✓		
29		2359					✓			✓					✓			
30		~~2360~~																
31																		
32		29																
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024208

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-27-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2361	60	F	QH	DUN	BLAZE	LF	CORNET		LR	ANKLE		RF HEEL	RR CORNET	
USGC2362	72	N	QH	CHESTNUT	STAR STRIP				LR	SOCK	RF SOCK	RR CORNET		
USGC2363	36	F	QH	CHESTNUT	STAR STRIP				LR	ANKLE				
USGC2364	60	F	PAINT	DUN WHITE BLAZE										
USGC2365	48	F	TH	BAY	STAR LIP?									
USGC2366	120	F	QH	CHESTNUT	BLAZE									
USGC2367	132	F	QH	CHESTNUT	BLAZE	LF	CORNET		LR	ANKLE	RR	CORNET		
USGC2368	144	N	QH	BLACK	LF ANKE	RF	CORNET							
USGC2369	180	F	QH	CHESTNUT	STAR	RR	ANKLE							
USGC2370	120	N	TH	BAY	FAINT STAR	LR	CORNET	LIP?						
USGC2371	180	F	TH	BAY	STAR LIP?									
USGC2372	108	F	QH	CHESTNUT	BLAZE	LF	ANKLE	LR	SOCK	RR	ANKLE			
USGC2373	36	N	QH	BLUE ROAN	STAR									
USGC2374	108	F	PAINT	BLACK WHITE STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK										
USGC2375	60	N	PAINT	CHESTNUT	WHITE BALD									
USGC2376	108	F	QH	BLACK	STAR SNIP	LR	CORNET							
USGC2377	120	F	AP	BLACK	WHITE BLAZE									
USGC2378	84	F	PAINT	CHESTNUT	WHITE BLAZE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP. 27, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024208

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN Owner's name *(Last name, two initials, & business name)* Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION: ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	CERTIFIED BRUCELLOSIS FREE AREA: DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC2379	72	N	OH	CHESTNUT	STAR									
1849 MARION HARDIN RD.	USGC2380	108	F	OH	GRAY NO	OHTHER	MARKINGS								
LA RUE, OH 43332	USGC2381	48	F	BL	CHESTNUT	STAR STRIP	SNIP								
	USGC2382	60	M	TH	BAY STAR	STRIP RF	CORNET RR	SOCK LIFT							
	USGC2383	72	N	OH	CHESTNUT	STAR STRIP	SNIP LR	CORNET							
	USGC2384	120	F	OH	BAY STAR										
	USGC2385	72	N	OH	CHESTNUT	STAR RR	ANKLE								
	USGC2386	120	F	HAFLINGER	CHESTNUT	STAR STRIP	SNIP LR	SOCK RR SOCK							
	USGC2387	108	F	OH	CHESTNUT	STAR STRIP	SNIP LR	ANKLE RR CORNET							
	USGC2388	72	N	HAFLINGER	CHESTNUT	LR SOCK RR	CORNET								
	USGC2389	96	F	HAFLINGER	CHESTNUT	STAR STRIP	SNIP LR	ANKLE RR SOCK							
	USGC2390	108	F	HAFLINGER	CHESTNUT	STAR LR	SOCK								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REDESIGNED TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

APPROVED

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	2361						DUN		✓				✓				
2		2362					✓			✓						✓		
3		2363					✓			✓				✓				
4		2364				DUN WHT							PAINT	✓				
5		2365	✓						✓					✓			LIP—	
6		2366					✓			✓				✓				
7		2367					✓			✓				✓				
8		2368			✓					✓						✓		
9		2369					✓			✓				✓				
10		2370	✓						✓							✓	LIP—	
11		2371	✓						✓					✓			LIP—	
12		2372					✓			✓				✓				
13		2373						BLUE ROAN		✓						✓		
14		2374				BLK WHT							PAINT	✓				
15		2375				CHESTN WHT							PAINT			✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME

(b) (6)

SIGNATURE

I HEREBY A NFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2376			✓					✓				✓				
17		2377						BLK WHT					APP	✓				
18		2378				CHESTN WHT							PAINT	✓				
19		2379					✓			✓						✓		
20		2380		✓						✓				✓				
21		2381					✓				BELG			✓				
22		2382	✓						✓						✓		LIP—	
23		2383					✓			✓						✓		
24		2384	✓							✓				✓				
25		2385					✓			✓						✓		
26		2386					✓						HAFL	✓				
27		2387					✓			✓				✓				
28		2388					✓						HAFL			✓		
29		2389					✓						HAFL	✓				
30		2390					✓						HAFL	✓				
31																		
32		30																
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024286

3. PAGE: 1 OF 2

4. DATE ISSUED: 9-2-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

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
USGC1761	72	N	QH		dun,star,strip,snip									
USGC1762	48	N	QH		bay,star,snip,LR ankle,scar RR leg									
USGC1763	84	N	QH		bay,star									
USGC1764	120	N	QH		chestnut,star									
USGC1765	60	N	PAINT		black/white,star,sock all 4 legs									
USGC1766	72	N	PAINT		chestnut/white,star,strip,snip,sock all 4 legs									
USGC1767	60	F	QH		chestnut									
USGC1768	60	F	QH		chestnut,star,strip,snip									
USGC1769	72	F	QH		palomino,star,LR sock									
USGC1770	120	F	QH		bay,star,LF,RF,RR ankle,LR sock									
USGC1771	120	F	QH		bay,faint star,snip,sock all 4 legs									
USGC1772	72	F	QH		bay,star,snip,LR,RR sock									
USGC1773	240	F	QH		chestnut,blaze,LF ankle,LR,RR sock									
USGC1774	120	F	QH		black									
USGC1775	48	F	QH		chestnut,star,RR ankle									
USGC1776	72	F	QH		chestnut,snip									
USGC1777	84	F	QH		chestnut,star,strip,snip,LR cornet,RF,RR ankle									
USGC1778	120	F	QH		chestnut,star,strip,snip									
USGC1779	156	F	QH		bay,LR,RR ankle									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in e transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 02,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART A - FIELD CITATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. [illegible]-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ☐ MODIFIED ACCREDITED AREA (TB) ☐ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC1780	144	F	QH	chestnut,blaze,LF ankle,LR,RF,RR sock										
1849 MARION HARDIN RD.	USGC1781	72	F	QH	chestnut,LR,RR ankle										
LA RUE, OH 43332	USGC1782	144	F	QH	bay,star,stripe,strip,snip,LR,RR ankle										
	USGC1783	156	F	QH	chestnut,star,strip,snip,LR,RR sock										
	USGC1784	48	F	QH	chestnut										
	USGC1785	120	F	QH	black										
	USGC1786	144	F	QH	chestnut,star,strip,snip,RR ankle,brand K in diamond										
	USGC1787	36	F	QH	palomino,star,strip,snip,RF corner										
	USGC1788	36	M	TH	bay,faint star,UNKD tip										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION, THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD
STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332
CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 4993995
AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1761						DUN		✓						✓		
2		1762	✓							✓						✓		SCAR RIGHT REAR LEG
3		1763	✓							✓						✓		
4		1764					✓			✓						✓		
5		1765			BLK WHT								PINTO			✓		
6		1766			CHESTN WHT								PINTO			✓		
7		1767					✓			✓				✓				
8		1768					✓			✓				✓				
9		1769						PAL		✓				✓				
10		1770	✓							✓				✓				
11		1771	✓							✓				✓				
12		1772	✓							✓				✓				
13		1773					✓			✓				✓				
14		1774			✓					✓				✓				
15		1775					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE [redacted] (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): BAUER, FRED E.

2. CERTIFICATE NO.: L024283

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-2-10

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (*or Town*): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E. ~~USGC1731~~
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGC1731	72	F	PAINT		chestnut/white,bald									
USGC1732	96	M	QH		chestnut,strip,snip									
USGC1733	144	M	QH		palomino,LR sock,RF ankle									
USGC1734	108	F	QH		black,star,LR ankle									
USGC1735	180	M	BL		chestnut,blaze,LR,RR sock									
USGC1736	84	F	HAFLINGER		chestnut,star,strip,snip									
USGC1737	120	F	PAINT		black/white,bald,sock all 4									
USGC1738	60	M	QH		chestnut,star,LR,RR sock									
USGC1739	120	M	QH		chestnut,star,strip,LF cornet,LR ankle,RF sock									
USGC1740	60	F	TH		bay,star,strip,UNRD lip									
USGC1741	84	F	QH		black,LR,RF cornet,RR ankle,blind L eye									
USGC1742	120	F	QH		black,star,strip,snip,LF ankle,LR,RR sock									
USGC1743	144	M	AP		chestnut/white,star,snip									
USGC1744	192	M	AP		chestnut/white,star,snip,RR ankle									
USGC1745	144	F	QH		dun,blaze,LF ankle,LR,RR sock									
USGC1746	120	F	QH		dun,star,LR heel,scar LR leg									
USGC1747	180	F	QH		chestnut,star,strip,snip,LR,RF,RR sock									
USGC1748	120	M	SN		black,RF heel									
USGC1749	84	M	SN		bay,brand W2806									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 02,2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial,- please print*): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ____ CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1750	180	N	SH	bay,LF,RR ankle									
1849 MARION HARDIN RD.	USGC1751	180	F	SH	black,UNRD tip									
IA RUE, OH 43332	USGC1752	48	F	TH	chestnut,star,strip,snip,LF,LR corner,RF heel,RR sock,UNRD tip									
	USGC1753	144	N	TH	bay,star,UNRD tip									
	USGC1754	192	F	SH	black,faint star									
	USGC1755	180	F	QH	chestnut,star,LR,RR sock									
	USGC1756	120	F	PAINT	chestnut/white,blaze,sock all 4 legs									
	USGC1757	36	F	QH	chestnut,star,LF ankle,LR corner									
	USGC1758	36	F	QH	red roan,star									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING SHIP TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1731				CHESTN WHT							PRINT	X				
2		1732					X			X						X		
3		1733						PAL		X						X		
4		1734			X					X				X				
5		1735					X				BELG					X		
6		1736					X						HAFL	X				
7		1737				BLK WHT							PRINT	X				
8		1738					X			X						X		
9		1739					X			X						X		
10		1740	X						X					X			LIP—	
11		1741			X					X				X				BLIND LEFT EYE
12		1742			X					X				X				
13		1743						CHESTN WHT					APP			X		
14		1744						CHESTN WHT					APP		X			
15		1745						DUN		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional instructions. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: LD24284

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC1810	180	F	OH	bay,faint star,RR sock										
USGC1811	180	F	PE	black,star,snip,large LR leg										
USGC1812	108	N	TH	black,UNRD lip										
USGC1813	180	N	PAINT	bay/white,blaze,RR sock										
USGC1814	84	M	TH	chestnut,star,strip,LR ankle,RR sock,UNRD lip										
USGC1815	132	N	BL	chestnut,blaze,LR,RR sock										
USGC1816	72	F	PAINT	bay/white,strip,snip,sock all 4 legs										
USGC1817	108	F	SM	bay,large RR ankle										
USGC1818	180	N	SM	bay,LF,RF ankle										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WE[illegible] HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN AD[illegible] ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY REND[illegible] FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING [illegible] DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXIC[illegible] TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN IN[illegible] INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING [illegible] THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024284

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-2-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1791	180	N	OH	black,snip,LF heel										
1849 MARION HARDIN RD.	USGC1792	120	F	OH	bay,star,strip,snip,LR ankle										
LA RUE, OH 43332	USGC1793	36	N	TH	bay,UNRD lip										
	USGC1794	144	F	OH	chestnut,star,strip,snip,RR ankle										
	USGC1795	72	N	OH	red roan,blaze,LR,RR sock										
	USGC1796	120	F	SN	chestnut,star,snip,LF ankle,LR,RR sock,brand TA882										
	USGC1797	180	F	OH	bay,star,strip,LF ankle,LR sock										
	USGC1798	144	F	OH	dun,star										
	USGC1799	108	N	OH	bay,strip,snip,LF cornet,RF ankle,LR,RR sock										
	USGC1800	192	F	SL	chestnut,blaze										
	USGC1801	180	F	SL	red roan,blaze,sock all 4 legs,blind R eye										
	USGC1802	84	F	SL	chestnut,blaze										
	USGC1803	108	F	OH	chestnut,star,strip,snip										
	USGC1804	180	F	OH	chestnut,star										
	USGC1805	192	N	OH	chestnut,star,strip,LR ankle,blind L eye										
	USGC1806	72	F	TH	bay,star,UNRD lip										
	USGC1807	120	F	PAINT	chestnut/white,blaze,LR,RR sock										
	USGC1808	108	F	OH	chestnut,LR cornet,RR ankle										
	USGC1809	144	F	AP	black/white,blind R eye										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 02,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. OK 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER | CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD | STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332 | CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995 | AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1791			✓					✓						✓		
2		1792	✓							✓				✓				
3		1793	✓						✓							✓	LIP—	
4		1794					✓			✓				✓				
5		1795						RED ROAN		✓						✓		
6		1796					✓						STO	✓			BRAND TA882	
7		1797	✓							✓				✓				
8		1798						DUN		✓				✓				
9		1799	✓							✓						✓		
10		1800					✓				BELG			✓				
11		1801						RED ROAN			BELG			✓				BLIND RIGHT EYE
12		1802					✓				BELG			✓				
13		1803					✓			✓				✓				
14		1804					✓			✓				✓				
15		1805					✓			✓						✓		BLIND LEFT EYE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]

(b) (6)

SIGNATURE[redacted]

I HEREBY A[redacted]TION IN IT AS COMPLETE[redacted]R KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

[redacted]

If not completed, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024288

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-7-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

ID NO. OR DESCRIPTION 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
USGC1881	50	F	SN BLACK		STAR		RF CORNET				RR ANKLE	BRAND ICR66		
							scar left hock							
USGC1882	120	F	SN BAY		LR		CORNET				RR ANKLE	BRAND T8184		
USGC1883	180	F	SN BAY		STAR		SNIP				LR ANKLE	LIP?		
USGC1884	132	F	SN BAY		BRAND		NL236							
USGC1885	120	F	SN BAY		STAR		RR ANKLE				BRAND	VA053		
USGC1886	84	F	OH CHESTNUT		BLAZE		RR CORNET							
USGC1887	108	F	OH BAY		LR ANKLE		RF CORNET							
USGC1888	144	F	SN BAY		STAR									
USGC1889	132	N	SN BAY		R ANKLE		RR ANKLE				BRAND	~~T8A5~~ STA855		
USGC1890	120	F	SN BAY		STAR		LR ANKLE				RR CORNET	BRAND N0505		
USGC1891	180	F	SN BAY		STAR		BRAND	~~S0227~~			5D277			
USGC1892	144	N	SN BLACK		LR		CORNET							
USGC1893	144	F	TH CHESTNUT		STAR		STRIP				SNIP	LIP?		
USGC1894	156	F	TH BLACK		STAR		STRIP				SNIP	LF ANKLE	LR ANKLE	LIP?
USGC1895	84	F	OH CHESTNUT		STAR		LF ANKLE				BRAND	7K WITH	CURVE UNDER	
USGC1896	108	F	OH CHESTNUT		STAR		STRIP							
USGC1897	120	N	PAINT BAY		ROAN		WHITE				BALD SOCK	LF LR SOCK	RF SOCK	
											RR SOCK			

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 07, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140: 0243

PAGE NO.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1898	120	F	OH	CHESTNUT		STAR	SNIP	RR	CORNET				
1849 MARION HARDIN RD.	USGC1899	132	F	OH	CHESTNUT		STAR	STRIP	SNIP	LR SOCK	RR SOCK			
LA RUE, OH 43332	USGC1900	144	N	OH	BAY	STAR	LF CORENT	LR	ANKLE	RR CORNET				
	USGC1901	192	F	TH	BAY	SNIP	LR ANKLE	LIP?						
	USGC1902	240	F	SN	BAY	STAR	LIP?							
	USGC1903	204	F	SN	BAY	LF HEEL	LR ANKLE	RR ANKLE	BRAND	WG147				
	USGC1904	120	M	TH	BLACK	RR CSOCK	LIP?							
	USGC1905	96	F	OH	RED ROAN	STAR	RR ANKLE	BRAND h with curve under it						
	USGC1906	84	F	OH	CHESTNUT	STAR	STRIP	SNIP						
	USGC1907	72	N	PAINT	BAY	WHITE BLAZE	LF SOCK	LR SOCK	RF ANKLE	RR SOCK				
	USGC1908	144	F	OH	CHESTNUT	STAR								
	USGC1909	72	F	OH	CHESTNUT	STAR	STRP	SNIP	LR SOCK					
	USGC1910	120	N	TH	BLACK	STAR								

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspectioinspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one(21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 993 995	AREA CODE & TELEPHONE NO.: 450 882 490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1881			✓								STD	✓			BRAND ICR66	SCAR LEFT Hock
2		1882	✓										STD	✓			BRAND T8184	
3		1883	✓										STD	✓			LIP –	
4		1884	✓										STD	✓			BRAND WL236	
5		1885	✓										STD	✓			BRAND VA063	
6		1886					✓			✓				✓				
7		1887	✓							✓				✓				
8		1888	✓										STD	✓				
9		1889	✓										STD			✓	BRAND T8A55	
10		1890	✓										STD	✓			BRAND N0505	
11		1891	✓										STD	✓			BRAND 5D227	
12		1892			✓								STD			✓		
13		1893					✓		✓					✓			LIP –	
14		1894			✓				✓					✓			LIP –	
15		1895					✓			✓				✓			BRAND 7K	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED[redacted]

(b) (6)

SIGNATURE [redacted]

I HEREBY AU[redacted]E INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1896					✓			✓				✓				
17		1897				BAY ROAN WHT							PRINT			✓		
18		1898					✓			✓				✓				
19		1899					✓			✓				✓				
20		1900	✓							✓						✓		
21		1901	✓						✓					✓			LIP—	
22		1902	✓										STD	✓			LIP—	
23		1903	✓										STD	✓			BRAND W6147	
24		1904			✓				✓						✓		LIP—	
25		1905						RED ROAN		✓				✓			BRAND (h)	
26		1906					✓			✓				✓				
27		1907				BAY WHT							PRINT			✓		
26		1908					✓			✓				✓				
29		1909					✓			✓				✓				
30		1910			✓								TWH			✓		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (16 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): BAUER, FRED E.

2. CERTIFICATE NO.: L024285

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-7-10

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (*or Town*): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*):
VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC1821	180	F	SN	BLACK	LIP?									
USGC1822	108	F	TH	CHESTNUT	BLAZE	SNIP	LIP?							
USGC1823	156	F	SN	BAY	STAR	BRAND	TH158							
USGC1824	48	N	OH	PALOMINO	STAR	LR ANKLE	RR ANKLE	BRAND	JI					
USGC1825	180	F	SN	BAY	STAR	STRIP	SNIP	LF CORNET	LR SOCK	RR SOCK	LIP?			
USGC1826	144	F	SN	BAY	STAR	LIP?								
USGC1827	156	F	SN	BLACK	LIP?									
USGC1828	180	F	SN	BAY	STAR	RR ANKLE	BRAND	V5781						
USGC1829	144	N	SN	BAY	FAINT	STAR	LR ANKLE	RR ANKLE	BRAND	2A793				
USGC1830	192	N	SN	BAY	RF CORNET	LIP?								
USGC1831	120	F	SN	BAY	LIP?									
USGC1832	144	F	SN	BAY	BRAND	VP860								
USGC1833	144	F	OH	CHESTNUT	FAINT	STAR								
USGC1834	156	F	SN	BAY	LIP?									
USGC1835	108	N	OH	CHESTNUT	STAR									
USGC1836	120	N	OH	BAY	STAR	STRIP								
USGC1837	240	N	SN	BLACK	LIP?									
USGC1838	144	F	OH	RED ROAN	STAR	STRIP	LR CORNET							
USGC1839	300	F	OH	DUN	STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 07, 2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. For[illegible] OMB No. [illegible]

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

CERTIFICATE NO. [illegible] VS FORM 17-140

PAGE NO. [illegible]

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1840	24	0 F	SN	BLACK LIP?									
1849 MARION HARDIN RD.	USGC1841	12	0 F	PAINT	BLACK		WHITE	STAR	STRIP			SNIP LF	SOCK LR SOCK	
LA RUE, OH 43332						RF	SOCK	RR	SOCK					
	USGC1842	18	0 F	OH	CHESTNUT		STAR	STRIP	SNIP					
	USGC1843	96	N	OH	CHESTNUT		STAR	STRIP	SNIP			LR SOCK RF ANKLE RR SOCK		
	USGC1844	19	0 F	OH	CHESTNUT		STAR	STRIP	SNIP					
	USGC1845	48	N	PAINT	BLACK		WHITE	STAR	LF SOCK			LR SOCK RF SOCK RR SOCK		
	USGC1846	48	F	OH	BLACK STAR									
	USGC1847	96	F	AP	DUN ROAN		BLIND R EYE							
	USGC1848	156	F	OH	BAY NO OTHER MARKINGS									
	USGC1849	120	F	OH	BAY FAINT STAR									
	USGC1850	48	N	OH	RED ROAN		STAR STRIP SNIP LR ANKLE							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING ~~TELEFARIAN~~ VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIO[illegible] HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRA[illegible] MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS [illegible] SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR [illegible] CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

31

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

(Please type or print in ink)

Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 0579-0100

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER | CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN ROAD | STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE OHIO 43332 | CITY, STATE, ZIP CODE: MASSELIEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995 | AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
- ☒ Foals are older than 6 months of age.
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1821			✓								STD	✓			LIP—	
2		1822					✓		✓					✓			LIP—	
3		1823	✓										STD	✓			BRAND THISS	
4		1824						PAL		✓						✓	BRAND J1	
5		1825	✓										STD	✓			LIP—	
6		1826	✓										STD	✓			LIP—	
7		1827			✓								STD	✓			LIP—	
8		1828	✓										STD	✓			BRAND V5781	
9		1829	✓										STD			✓	BRAND 2A783	
10		1830	✓										STD			✓	LIP—	
11		1831	✓										STD	✓			LIP—	
12		1832	✓										STD	✓			BRAND VP860	
13		1833					✓			✓				✓				
14		1834	✓										STD	✓			LIP—	
15		1835					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b) (6)

SIGNATURE [redacted]

I HEREBY A[redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1836	✓							✓						✓		
17		1837			✓								STD			✓	LIP–	
18		1838						RED ROAN		✓				✓				
19		1839						DUN		✓				✓				
20		1840			✓								STD	✓			LIP–	
21		1841				BLK WHT							PAINT	✓				
22		1842					✓			✓				✓				
23		1843					✓			✓						✓		
24		1844					✓			✓				✓				
25		1845				BLK WHT							PAINT			✓		
26		1846			✓					✓				✓				
27		1847						DUN ROAN					APP	✓				BLIND RIGHT EYE
28		1848	✓							✓				✓				
29		1849	✓							✓				✓				
30		1850						RED ROAN		✓						✓		
31																		
32																		
33																		
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35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024287

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-7-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC1851	120	N	PE BLACK STAR SCAR LR ANKLE											
1849 MARION HARDIN RD.	USGC1852	180	F	SN BAY LF CORNET LR CORNET RR ANKLE											
LA RUE, OH 43332	USGC1853	144	F	BL CHESTNUT BLAZE											
	USGC1854	36	M	TH BLACK LF ANKLE RR ANKLE LIP?											
	USGC1855	60	F	TH BAY STAR STRIP SNIP LR CORNET RF CORNET RR ANKLE LIP?											
	USGC1856	60	F	TH CHESTNUT STAR STRIP SNIP LF ANKLE LR SOCK RF CORNET RR SOCK LIP?											
	USGC1857	84	N	TH CHESTNUT STAR STRIP SNIP LF CORNET LIP?											
	USGC1858	36	N	TH BAY STAR SNIP LF ANKLE LR ANKLE RF ANKLE RR ANKLE											
	USGC1859	96	N	TH BAY STAR LR SOCK RR SOCK LIP?											
	USGC1860	72	M	TH BAY STAR STRIP SNIP LR SOCK RF SOCK RR SOCK LIP?											
	USGC1861	48	N	TH BLUE ROAN STAR STRIP RF CORNET LIP?											
	USGC1862	48	N	TH BAY STAR SNIP LR ANKLE LIP?											
	USGC1863	48	F	TH BAY STAR LR ANKLE LIP?											
	USGC1864	144	F	TH BAY STAR LIP?											
	USGC1865	144	F	TH CHESTNUT STAR LR ANKLE LIP?											
	USGC1866	48	F	TH CHESTNUT STAR LIP?											
	USGC1867	156	N	SN BAY STAR LF SOCK LR SOCK BRAND A7568											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 07,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR.98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

CERTIFICATE NO. (FROM VS FORM 17-140) 102427

PAGE NO.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE TYPE TEST DATE | DISEASE TYPE TEST DATE | DISEASE TYPE TEST DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC1868	192	N	SN	BAY STAR STRIP SNIP LR SOCK RR ANKLE									
1849 MARION HARDIN RD.	USGC1869	180	F	SN	BLACK STAR LR ANKLE RR ANKLE									
LA RUE, OH 43332	USGC1870	120	N	SN	BAY STAR									
	USGC1871	204	F	SN	BLACK LR ANKLE RR ANKLE LIP?									
	USGC1872	180	F	SN	BLACK STAR SNIP									
	USGC1873	156	F	SN	BLACK NO OTHER MARKINGS									
	USGC1874	84	F	PAINT	CHESTNUT WHITE BLAZE									
	USGC1875	120	F	AP	BROWN WHITE ROAN FACE									
	USGC1876	192	F	SN	BAY LF CORENT LR ANKLE RR ANKLE LIP?									
	USGC1877	144	FM	SN	BAY NO OTHER MARKINGS									
	USGC1878	120	N	PE	BLACK NO OTHER MARKINGS									
	USGC1879	120	F	QH	CHESTNUT NO OTHER MARKINGS									
	USGC1880	120	F	QH	CHESTNUT STAR									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT FOR TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION WHICH COULD BE AGGRAVATED WHEN THE ~~ANIMA~~ANIMAL IS BEING TRANSPORTED, CAUSING THE ~~ANIMA~~ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGC	1851			✓						PERCH					✓		SCAR LEFT REAR ANKLE
2		1852	✓										STO	✓				
3		1853					✓				BEL6			✓				
4		1854			✓				✓						✓		LIP—	
5		1855	✓						✓					✓			LIP—	
6		1856					✓		✓					✓			LIP—	
7		1857					✓		✓							✓	LIP—	
8		1858	✓						✓							✓		
9		1859	✓						✓							✓	LIP—	
10		1860	✓						✓							✓	LIP—	
11		1861						BLUE ROAN	✓							✓	LIP—	
12		1862	✓						✓							✓	LIP—	
13		1863	✓						✓					✓			LIP—	
14		1864	✓						✓					✓			LIP—	
15		1865					✓		✓					✓			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AU[redacted]NFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1866					✓		✓					✓			LIP—	
17		1867	✓										STD			✓	BRAND A2368	
18		1868	✓										STD			✓		
19		1869			✓								STD	✓				
20		1870	✓										STD			✓		
21		1871			✓								STD	✓			LIP—	
22		1872			✓								STD	✓				
23		1873			✓								STD	✓				
24		1874				CHSTN WHT							PAINT	✓				
25		1875						BRN WHT					APP	✓				
26		1876	✓										STD	✓			LIP—	
27		1877	✓										STD			✓		
28		1878			✓						PERCH					✓		
29		1879					✓			✓				✓				
30		1880					✓			✓				✓				
31																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J3389

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFR0048	84	F	QH	PAL	NO OTHER MARKINGS									
USFR0049	120	N	QH	BLK	STAR		SNIP							
USFR0050	36	F	TH	BAY	STAR		SNIP	RR	CORNET					
USFR0051	144	N	SN	BAY	STAR		RR ANKLE BRAND?							
USFR0052	240	N	SN	BAY	STAR		STRIP SNIP LR SOCK LIP? SCAR LR ANKLE							
USFR0053	180	N	SN	BAY	STAR		LR SOCK RF CORNET BRAND?							
USFR0054	144	N	SN	BAY	BRAND?									
USFR0055	144	N	SN	BAY	FAINT STAR LR HEEL LIP?									
USFR0056	216	F	PE	BLK	STAR									
USFR0057	60	F	TH	BAY	STAR		STRIP SNIP LR SOCK LIP?							
USFR0058	48	F	TH	SOR	STAR		STRIP SNIP LR SOCK RF CORNET LIP?							
USFR0059	144	F	QH	SOR	BLAZE									
USFR0060	156	F	QH	SOR	BLAZE									

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERER FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEEF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNICABEL DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ~~AMINSL WRE~~ ANIMALS WERE INSPECTE AND WERE FOUND HELATY AND IN A PHYSICAL CONDITION FIT FOT BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAORTIN IN HEALTHY OR IN PHYSICAL CONDITION THAT CO COULD RENDER THE ANIAMLS UNFIT FOR TRANPSORT MAY RESULT IN THE SHIPMNET TO BE REFUSED ENTRY IN CANADA. 6. DURING THE RPEVIOUS 21 DYS THE ANIAMSL IN THIS HSIPMNET HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIAMLS HAS AN INFIRMITY, ILLNESS, OR INJURY THAT COULD AGGRAVATE THE ANAIMLS CAUSING THE ANIAMSL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

DVM

William Hall

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

...y ... Notice: While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): BAUER, FRED E.

2. CERTIFICATE NO.: L024280

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-23-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY (or Town): LA RUE, OH

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): VIANDE RICHELIEU INC. 595 MRUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

BAUER, FRED E.
1849 MARION HARDIN RD
LA RUE, OH 43332

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

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
USGC1581	60	F	TH BAY STAR STRIP RR CORNET LIP?											
USGC1582	108	F	OH CHESTNUT STAR STRIP SNIP											
USGC1583	60	F	TH BAY STAR LIP?											
USGC1584	60	F	TH BAY STAR STRIP SNIP LR CORNET LIP?											
USGC1585	84	N	TH GRAY LIP?											
USGC1586	36	F	TH CHESTNUT STAR STRIP SNIP LF LIP?									SOCK LR	SOCK RR	SOCK
USGC1587	192	N	SN BLACK SNIP LR CORNET LIP?											
USGC1588	180	N	AP GRAY											
USGC1589	144	F	SN BAY LR ANKLE RR CORNET BRAND X6501											
USGC1590	120	N	SN BLACK RR ANKLE BRAND ZG311											
USGC1591	120	N	BL CHESTNUT BLAZE											
USGC1592	204	N	SN BLACK STAR SNIP LR ANKLE LIP? BRAND 38 BLIND L EYE											
USGC1593	168	N	SN BLACK LIP?											
USGC1594	192	N	SN BLACK LR ANKLE LIP?											
USGC1595	180	N	SN BAY STAR SNIP LF CORNET LIP?											
USGC1596	168	N	SN BAY STAR RR ANKLE BRAND R8028											
USGC1597	84	N	SN BAY LR SOCK RR SOCK ROAN PATCH ON JAW											
USGC1598	156	N	SN BLACK LIP?											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUG 23,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): KEARNS, EARNEST D 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 1 - FIELD STATION