

EQUINE INFORMATION DOCUMENT (EID)

*** AN ORIGINAL OF THIS FORM MUST ACCOMPANY EACH INDIVIDUAL HORSE BEING SOLD AS PER THE TRACEABILITY REQUIREMENTS OUTLINED BY CFIA *
 FILLING INSTRUCTIONS: *DO NOT USE BLACK INK OR DOCUMENT IS VOID AND WILL NOT BE ACCEPTED* *ALL AREAS MUST BE FILLED WITH ACCURATE, TRUE AND
 COMPLETE INFORMATION* *ALL ERRORS MUST BE CROSSED OUT AND INITIALED* *DOCUMENTS WITH WHITE-OUT WILL NOT BE ACCEPTED***

OWNER'S NAME: _____
(Only one owner name required)

MAILING ADDRESS: _____

PHONE NUMBER: () _____

***PRIMARY LOCATION OF ANIMAL**
 >PLEASE PROVIDE PHYSICAL LAND LOCATION, PREMISE ID, OR BLUE SIGN NUMBER WHERE
 THE ANIMAL IS KEPT: _____

***PRIMARY USE OF ANIMAL (CIRCLE ONE):** BREEDING PET SADDLEHORSE RIDING
 RODEO OTHER: _____

***SEX (CIRCLE ONE):** STALLION MARE GELDING FILLY COLT

***AGE OF ANIMAL:** _____

***VISIBLE ACQUIRED MARKS & LOCATIONS (BRANDS, TATTOOS, SCARS, ETC.):** _____

****Use the diagram below to illustrate head, coat and limb markings of the animal (DO NOT USE BLACK INK), as well as check the corresponding option in the markings sections. Alternatively, attach a minimum of 4 clear photos showing full face, front, right side, left side and rear of the animal to this form****

Head Markings (check one)	<input type="checkbox"/> Star	<input type="checkbox"/> Blaze	<input type="checkbox"/> Snip	<input type="checkbox"/> Stripe	<input type="checkbox"/> White Face
	<input type="checkbox"/> Flesh Mark	<input type="checkbox"/> White Muzzle			
Coat Markings (check one)	<input type="checkbox"/> Grey Ticked	<input type="checkbox"/> Flecked	<input type="checkbox"/> Black/Dark Marks	<input type="checkbox"/> Leopard	<input type="checkbox"/> Zebra Marks
	<input type="checkbox"/> Withers Stripe	<input type="checkbox"/> List	<input type="checkbox"/> Patch		
Limb Markings (Check all that apply)					
	<input type="checkbox"/> Left Foreleg	<input type="checkbox"/> Right Foreleg	<input type="checkbox"/> Left Hind Leg	<input type="checkbox"/> Right Hind Leg	
White patch on coronet					
Anterior					
Lateral					
Medial					
Posterior					
White coronet					
White pastern					
White fetlock					
White to knee					
White to hock					
White to hind quarter					
Variation hoof pigment					

DECLARATION FOR TRANSIENT AGENTS ONLY

The animal identified on this document has been under my care and control
FROM (date): _____ **TO (date):** _____ (dd/mm/yyyy)

During this time period, the identified animal has not been given or fed drugs or vaccines and has not shown any signs of illness.

Agent Name: _____ Phone: () _____

Address: _____

Signature: _____

1. Have any drugs or vaccines been administered to, or consumed by, the animal during the last 180 days (6 months) or during the time you owned the animal? ****if YES, write the name of the drug(s) or vaccine(s), last date of use, dosage per treatment and the withdrawal date on the backside of this page**** Yes No

2. Has the animal been diagnosed with an illness during the last 180 days (6 months) or during the time you owned the animal? ****if YES, provide details with dates of diagnosis and recovery on the backside of this page**** Yes No

3. Has the animal, to your knowledge, been treated with a substance listed under the named substances not permitted for equine use in food processing found in section E.5 (CFIA website) during the last 180 days (6 months) or during the time you owned the animal?
****** Yes No

> I understand that a **minimum of six continuous months** of documented acceptable history is required for an equine presented for processing in an establishment inspected by CFIA.

> As owner of the animal identified on this document, I hereby certify that the information on the EID is accurate and complete and I have had uninterrupted possession, care and control of the animal

FROM (date): _____ **TO (date):** _____ (dd/mm/yyyy)

OWNER SIGNATURE: _____ (Owner named at top of form)

BUYER AND OFFICE USE ONLY

Tag Number: _____

Export Tag Number: _____

RFID (if applicable): _____

Office Serial #: _____