



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**

Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 17, 2019

Certificate Number
VS-MT-19-CA-006-00045304

1. Consignor:
(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) MT (b) (6), (b) (7)(C)
United States

2. Consignee:
Bouvry Exports
Fort MacLeod, Alberta
Canada

3. Country Of Origin:
USA

4. State Of Origin:
Montana

5. Country Of Destination:
Canada

6. Zone Of Destination:

7. Place Of Origin:
(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) MT (b) (6), (b) (7)(C)

8. Port Of Embarkation / Border Crossing:
MT - Sweetgrass - Border Port

9. Estimated Date Of Shipment:
January 21, 2019

10. Means Of Transport:
Truck

11. *****

12. CITES Permit Number:

13. Description Of Commodity:
Horses

14. Date Of Inspection:
1/16/2019

15. Total Quantity:
30

16. Additional Information:
(See attached Additional Information)

17. Total Number Of Packages/Containers:

18. Identification / Seal Numbers:

19. Commodities Intended Use:
Immediate Slaughter

20. Type Of Admission:
Permanent Import

21. Identification Of Commodities:
(See next page)



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Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 17, 2019

Certificate Number
VS-MT-19-CA-006-00045304

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Chestnut	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	coronet	None	coronet	
2		Sorrel	Quarter Horse	10 Years	Neutered Male		blaze	None	fetlock	fetlock	fetlock	fetlock	branded (b) (6), (b) (7) (C) shoulder
3		Red dun	Quarter Horse	10 Years	Female		star	None	None	None	fetlock	None	
4		Sorrel	Quarter Horse	10 Years	Female		blaze, lower lip snip	None	None	white to knee	fetlock	fetlock	branded (b) (6), (b) (7) (C) shoulder, (b) (6), (b) (7) (C) thigh
5		Grey	Quarter Horse	10 Years	Neutered Male		snip	None	pastern	pastern	pastern	None	
6		Bay	Quarter Horse	10 Years	Female		star	None	None	None	fetlock	fetlock	
7		Grullo	Quarter Horse	10 Years	Neutered Male		star, snip	None	None	None	fetlock	fetlock	
8		Bay	Quarter Horse	16 Years	Neutered Male		None	None	None	None	None	None	
9		Sorrel	Quarter Horse	10 Years	Female		star, strip, snip	None	None	None	fetlock	None	
10		Sorrel/ white	Paint	15 Years	Female		blaze, lower lip	None	white	white	white to hind	white to hind	
11		Bay	Quarter Horse	10 Years	Female		None	None	None	None	None	None	
12		Chestnut	Quarter Horse	10 Years	Neutered Male		star	None	None	None	fetlock	fetlock	
13		Chestnut	Quarter Horse	10 Years	Female		star, strip, snip	None	None	None	coronet	None	
14		Bay/white	Appalosa	10 Years	Female		None	None	None	None	None	None	
15		Sorrel	Quarter Horse	10 Years	Female		star, strip	None	None	None	None	None	
16		Sorrel	Quarter Horse	10 Years	Neutered Male		star	None	None	None	coronet	fetlock	
17		Bay-brown	Quarter Horse	10 Years	Neutered Male		star, strip,	None	fetlock	None	fetlock	fetlock	



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21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
18	(b) (6), (b) (7)(C)	Black/ white	Paint	10 Years	Neutered Male	(b) (6), (b) (7)(C)	snip blaze, lower lip	None	white to knee	white to knee	fetlock	white to hind quarter	
19	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, snip	None	None	None	None	None	
20	(b) (6), (b) (7)(C)	Brown	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, strip	None	None	None	None	None	
21	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, snip	None	None	None	None	None	
22	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, snip	None	None	None	None	None	branded left shoulder
23	(b) (6), (b) (7)(C)	Chestnut/ white	Paint	10 Years	Female	(b) (6), (b) (7)(C)	bald face	None	None	None	coronet	None	
24	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star	None	medial coronet	None	None	None	
25	(b) (6), (b) (7)(C)	Grey	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	None	None	None	None	None	None	branded (b) (6), (b) (7)(C) shoulder
26	(b) (6), (b) (7)(C)	Red roan	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	coronet	None	
27	(b) (6), (b) (7)(C)	Bay-brown	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	coronet	None	
28	(b) (6), (b) (7)(C)	Bay/white	Paint	10 Years	Female	(b) (6), (b) (7)(C)	blaze, lower lip	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
29	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	fetlock	None	fetlock	fetlock	branded (b) (6), (b) (7)(C) shoulder
30	(b) (6), (b) (7)(C)	Brown	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	None	None	None	None	None	None	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 17, 2019

Certificate Number
VS-MT-19-CA-006-00045304

Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian

Laura Keller, DVM

Name of USDA Veterinarian

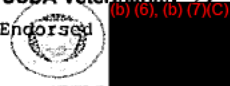
Brian V. Noland, DVM

Signature of Accredited Veterinarian

Electronically Signed

Signature of USDA Veterinarian

Digitally Endorsed



Date

January 17, 2019

Date

January 17, 2019

Veterinary Health Certificate for Export of Immediate Slaughter Horses from the United States of America to Canada



Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 23, 2019	Certificate Number VS-MT-19-CA-006-00045449
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1. Consignor: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) MT (b) (6), (b) (7)(C) United States	2. Consignee: Bouvry Exports Fort MacLeod, Alberta Canada
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3. Country Of Origin: USA	4. State Of Origin: Montana
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5. Country Of Destination: Canada	6. Zone Of Destination:
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7. Port Of Origin: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) MT (b) (6), (b) (7)(C)	8. Port Of Embarkation / Border Crossing: MT - Sweetgrass - Border Port
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9. Estimated Date Of Shipment: January 28, 2019	10. Means Of Transport: Truck
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11.	12. CITES Permit Number:
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13. Description Of Commodity: Horses	14. Date Of Inspection: 1/23/2019
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15. Total Quantity: 30	16. Additional Information: (See attached Additional Information)
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17. Total Number Of Packages/Containers:
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18. Identification / Seal Numbers:
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19. Commodities Intended Use: Immediate Slaughter	20. Type Of Admission: Permanent Import
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21. Identification Of Commodities:
(See next page)
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**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 23, 2019

Certificate Number
VS-MT-19-CA-006-00045449

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Chestnut	Quarter Horse	6 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	None	white to hock	white to hock	
2		Sorrel	Quarter Horse	18 Years	Neutered Male		star, strip, snip	None	None	None	None	None	
3		Bay	Quarter Horse	7 Years	Female		snip	None	None	None	None	None	
4		Sorrel	Quarter Horse	12 Years	Neutered Male		blaze	None	fetlock	fetlock	fetlock	fetlock	branded (b) (6), (b) (7)(C) shoulder
5		Sorrel	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	None	fetlock	fetlock	fetlock	branded (b) (6), (b) (7)(C) hip
6		Bay/white	Faint	18 Years	Female		star, strip, snip	None	white onto body	white onto body	white to hock	white to hind quarter	branded (b) (6), (b) (7)(C) L hip
7		Sorrel	Quarter Horse	10 Years	Female		star	None	None	None	None	None	
8		Sorrel	Quarter Horse	4 Years	Female		star, strip, snip	None	None	None	fetlock	coronet	
9		Sorrel	Quarter Horse	11 Years	Female		blaze	None	None	None	fetlock	None	branded (b) (6), (b) (7)(C) R hip
10		Chestnut	Quarter Horse	8 Years	Female		None	None	None	None	None	None	
11		Black	Quarter Horse	11 Years	Female		star, strip, snip	None	None	None	None	None	
12		Sorrel/white	Faint	22 Years	Female		blaze	None	white onto body	white onto body	white to quarter	white to hind quarter	
13		Bay roan	Quarter Horse	4 Years	Neutered Male		star	None	None	None	None	None	branded (b) (6), (b) (7)(C) shoulder
14		Chestnut	Quarter Horse	20 Years	Neutered Male		blaze	None	None	None	None	None	
15		Black/white	Faint	6 Years	Female		blaze, lower lip	None	white to knee	None	white to hind	pastern	



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UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
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Certificate Number
VS-MT-19-CA-006-00045449

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
16	(b) (6), (b) (7)(C)	Chestnut	Quarter Horse	22 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	None	None	quarter None	None	branded (b) (6), (b) (7)(C) shoulder
17		Sorrel/ white	Appaloosa	6 Years	Female		blaze	white over hind quarters	None	None	anterior coronet	None	
18		Red roan/white	Paint	12 Years	Neutered Male		blaze, lower lip	None	white to knee	white to knee	white to hind quarter	white to hock	branded (b) (6), (b) (7)(C) hip
19		Black	Quarter Horse	15 Years	Female		star	None	fetlock	coronet	fetlock	fetlock	
20		Red dun	Quarter Horse	11 Years	Neutered Male		blaze	None	None	coronet	None	None	branded (b) (6), (b) (7)(C) shoulder
21		Sorrel	Quarter Horse	15 Years	Neutered Male		blaze	None	fetlock	None	coronet	None	
22		Sorrel	Quarter Horse	12 Years	Neutered Male		star	None	None	None	fetlock	None	
23		Sorrel	Quarter Horse	11 Years	Neutered Male		blaze, lower lip	None	None	None	white to hock	None	branded (b) (6), (b) (7)(C) shoulder
24		Bay	Quarter Horse	11 Years	Neutered Male		star, snip	None	fetlock	fetlock	fetlock	fetlock	branded (b) (6), (b) (7)(C) hip
25		Brown/ white	Paint	8 Years	Neutered Male		star, strip, snip	None	white onto body	white onto body	white to hind quarter	white to hock	
26		Red roan/white	Paint	13 Years	Neutered Male		blaze, lower lip	None	white to knee	white to knee	white to hind quarter	white to hind quarter	branded (b) (6), (b) (7)(C) hip
27		Black/ white	Paint	9 Years	Neutered Male		star	None	white to knee	fetlock	white to hock	white to hock	
28		Bay	Quarter Horse	10 Years	Female		None	None	None	None	coronet	None	
29		Bay roan/white	Paint	10 Years	Female		blaze, lower lip	None	fetlock	coronet	white to hock	white to hock	
30		Bay	Quarter Horse	20 Years	Female		star, strip, snip	None	None	None	fetlock	None	



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Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 23, 2019

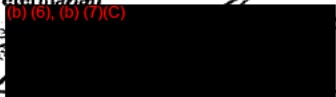
Certificate Number
VS-MT-19-CA-006-00045449

Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian Laura Keller, DVM	Name of USDA Veterinarian Brian V. Noland, DVM
Signature of Accredited Veterinarian Electronically Signed	Signature of USDA Veterinarian Digitally Endorsed 
Date January 23, 2019	Date January 23, 2019

Veterinary Health Certificate for Export of Immediate Slaughter Horses from the United States of America to Canada



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 24, 2019

Certificate Number
VS-MT-19-CA-006-00045518

1. Consignor:
(b) (6), (b) (7)(C)
MT (b) (6), (b) (7)(C)
United States

2. Consignee:
Bouvy Exports
Fort MacLeod, Alberta
Canada

3. Country Of Origin:
USA

4. State Of Origin:
Montana

5. Country Of Destination:
Canada

6. Zone Of Destination:
.....

7. Place Of Origin:
(b) (6), (b) (7)(C)
(b) (7)
(C) MT (b) (6), (b) (7)(C)

8. Port Of Embarkation / Border Crossing:
MT - Sweetgrass - Border Port

9. Estimated Date Of Shipment:
January 29, 2019

10. Means Of Transport:
Truck

11. *****

12. CITES Permit Number:
.....

13. Description Of Commodity:
Horses

14. Date Of Inspection:
1/24/2019

15. Total Quantity:
30

16. Additional Information:
(See attached Additional Information)

17. Total Number Of Packages/Containers:
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18. Identification / Seal Numbers:
.....

19. Commodities Intended Use:
Immediate Slaughter

20. Type Of Admission:
Permanent Import

21. Identification Of Commodities:
(See next page)



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 24, 2019

Certificate Number
VS-MT-19-CA-006-00045518

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Bay	Quarter Horse	16 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	None	None	
2	(b) (6), (b) (7)(C)	Sorrel/ white	Paint	12 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	w	white onto body	white to hind quarter	white to hind hock	
3	(b) (6), (b) (7)(C)	Dun	Quarter Horse	5 Years	Neutered Male	(b) (6), (b) (7)(C)	star, snip	None	None	None	fetlock	None	
4	(b) (6), (b) (7)(C)	Brown/ white	Donkey	22 Years	Female	(b) (6), (b) (7)(C)	blaze, lower lip	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
5	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	20 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze, lower lip	None	fetlock	fetlock	fetlock	coronet	branded (b) (6), (b) (7)(C) hip, (b) (6), (b) (7)(C) shoulder
6	(b) (6), (b) (7)(C)	Dun/white	Paint	26 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	fetlock	white to knee	white to hind hock	white to hind hock	
7	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	16 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	None	None	fetlock	fetlock	
8	(b) (6), (b) (7)(C)	Bay	Quarter Horse	16 Years	Female	(b) (6), (b) (7)(C)	star, upper lip	None	None	fetlock	None	None	
9	(b) (6), (b) (7)(C)	Sorrel/ white	Paint	18 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze, lower lip	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
10	(b) (6), (b) (7)(C)	Bay	Quarter Horse	20 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip	None	None	None	None	fetlock	
11	(b) (6), (b) (7)(C)	Sorrel/ white	Paint	18 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
12	(b) (6), (b) (7)(C)	Blue roan/white	Appaloosa	26 Years	Neutered Male	(b) (6), (b) (7)(C)	star	white over hind quarters	None	None	None	None	
13	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	15 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	fetlock	None	fetlock	fetlock	
14	(b) (6), (b) (7)(C)	Sorrel	Haflinger	10 Years	Neutered	(b) (6), (b) (7)(C)	blaze,	None	None	None	white to	white to	flaxen mane and tail



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UNITED STATES DEPARTMENT OF AGRICULTURE

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Certificate Number
VS-MT-19-CA-006-00045518

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
					Male	(b) (6), (b) (7)(C)	lower lip				hock	hock	
15	(b) (6), (b) (7)(C)	Bay	Quarter Horse	7 Years	Female		star, snip	None	None	fetlock	fetlock	fetlock	
16	(b) (6), (b) (7)(C)	Sorrel/white	Paint	15 Years	Neutered Male		blaze	None	None	None	None	None	
17	(b) (6), (b) (7)(C)	Blue roan	Appaloosa	20 Years	Neutered Male		star, snip	None	coronet	fetlock	None	coronet	
18	(b) (6), (b) (7)(C)	Bay	Quarter Horse	12 Years	Neutered Male		None	None	None	None	None	None	branded (b) (6), (b) (7)(C) hip
19	(b) (6), (b) (7)(C)	Sorrel	Mule	7 Years	Neutered Male		star	None	None	None	None	None	
20	(b) (6), (b) (7)(C)	Bay	Quarter Horse	3 Years	Neutered Male		star, snip	None	None	None	fetlock	coronet	
21	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	9 Years	Female		star	None	None	None	None	None	
22	(b) (6), (b) (7)(C)	Red dun	Quarter Horse	20 Years	Neutered Male		star, strip, snip	None	None	None	fetlock	None	
23	(b) (6), (b) (7)(C)	Bay roan	Quarter Horse	10 Years	Female		star	None	None	None	None	None	branded (b) (6), (b) (7)(C) hip
24	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	16 Years	Neutered Male		None	None	None	None	None	None	
25	(b) (6), (b) (7)(C)	Blue roan	Quarter Horse	20 Years	Neutered Male		star	None	posterior or coronet	None	None	None	branded (b) (6), (b) (7)(C) shoulder
26	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	18 Years	Female		star, strip, snip	None	None	None	None	None	
27	(b) (6), (b) (7)(C)	Dun	Quarter Horse	7 Years	Neutered Male		None	None	None	None	None	None	
28	(b) (6), (b) (7)(C)	Bay-brown	Quarter Horse	4 Years	Female		star	None	None	None	fetlock	None	
29	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	8 Years	Female		blaze	None	None	None	None	None	
30	(b) (6), (b) (7)(C)	Bay	Quarter Horse	3 Years	Female		None	None	None	None	None	None	branded (b) (6), (b) (7)(C) buttock



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**




Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 24, 2019	Certificate Number VS-MT-19-CA-006-00045518
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Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian Laura Keller, DVM	Name of USDA Veterinarian Brian V. Noland, DVM
Signature of Accredited Veterinarian Electronically Signed	Signature of USDA Veterinarian Digitally Endorsed 
Date January 24, 2019	Date January 24, 2019

Veterinary Health Certificate for Export of Immediate Slaughter Horses from the United States of America to Canada



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 30, 2019

Certificate Number
VS-MT-19-CA-006-00045625

<p>1. Consignor: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7)(C) United States</p>	<p>2. Consignee: Bouvy Exports Fort MacLeod, Alberta Canada</p>
<p>3. Country Of Origin: USA</p>	<p>4. State Of Origin: Montana</p>
<p>5. Country Of Destination: Canada</p>	<p>6. Zone Of Destination: *****</p>
<p>7. Place Of Origin: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7)(C)</p>	<p>8. Port Of Embarkation / Border Crossing: MT - Sweetgrass - Border Port</p>
<p>9. Estimated Date Of Shipment: February 4, 2019</p>	<p>10. Means Of Transport: Truck</p>
<p>11. *****</p>	<p>12. CITES Permit Number: *****</p>
<p>13. Description Of Commodity: Horses</p>	<p>14. Date Of Inspection: 1/30/2019</p>
<p>15. Total Quantity: 30</p>	<p>16. Additional Information: (See attached Additional Information)</p>
<p>17. Total Number Of Packages/Containers: *****</p>	
<p>18. Identification / Seal Numbers: *****</p>	
<p>19. Commodities Intended Use: Immediate Slaughter</p>	<p>20. Type Of Admission: Permanent Import</p>

21. Identification Of Commodities:
(See next page)



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 30, 2019

Certificate Number
VS-MT-19-CA-006-00045625

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Buckskin	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, snip	None	None	None	fetlock	None	
2		Bay	Quarter Horse	10 Years	Female		star, strip	None	None	None	None	None	branded (b) (6), (b) (7)(C)
3		Sorrel/ white	Paint	16 Years	Female		star, strip, snip	None	white onto body	white onto body	white to hock	white to hind quarter	
4		Brown	Quarter Horse	15 Years	Female		star	None	None	None	None	None	
5		Black	Quarter Horse	14 Years	Neutered Male		None	None	None	None	None	None	branded (b) (6), (b) (7)(C) hip
6		Sorrel/ white	Paint	10 Years	Neutered Male		blaze	None	white to knee	white to knee	fetlock	fetlock	
7		Bay	Quarter Horse	10 Years	Neutered Male		None	None	None	None	None	None	
8		Sorrel	Quarter Horse	10 Years	Female		star	None	None	None	None	None	
9		Bay	Quarter Horse	10 Years	Neutered Male		star, snip	None	None	None	None	coronet	
10		Chestnut	Quarter Horse	21 Years	Neutered Male		blaze	None	None	None	fetlock	None	
11		Bay/white	Paint	15 Years	Neutered Male		star, snip	None	fetlock	white to knee	white onto body	white onto body	
12		Bay/white	Paint	20 Years	Neutered Male		white face	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
13		Bay	Quarter Horse	20 Years	Neutered Male		star	None	fetlock	None	fetlock	fetlock	
14		Black/ white	Appaloosa	10 Years	Neutered Male		star	None	None	None	fetlock	fetlock	
15		Bay	Quarter Horse	10 Years	Female		star	None	None	None	coronet	None	branded (b) (6), (b) (7)(C) hip
16		Red roan	Quarter Horse	12 Years	Female		blaze	None	None	None	None	None	
17		Bay/white	Paint	1 Year	Female		blaze, lower lip	None	white onto	white to knee	white to hind	white to hind	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 30, 2019

Certificate Number
VS-MT-19-CA-006-00045625

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
18	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, strip	None	body None	None	quarter fetlock	quarter fetlock	
19	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	13 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip	None	None	None	None	None	
20	(b) (6), (b) (7)(C)	Dark chestnut	Quarter Horse	25 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	fetlock	None	
21	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	None	fetlock	medial coronet	
22	(b) (6), (b) (7)(C)	Chestnut	Quarter Horse	17 Years	Female	(b) (6), (b) (7)(C)	blaze	bird spots throughout body	None	None	None	coronet	
23	(b) (6), (b) (7)(C)	Bay	Quarter Horse	16 Years	Neutered Male	(b) (6), (b) (7)(C)	star, snip	None	None	None	fetlock	None	
24	(b) (6), (b) (7)(C)	Black	Quarter Horse	5 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	None	fetlock	
25	(b) (6), (b) (7)(C)	Black	Quarter Horse	20 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	None	None	
26	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	None	None	
27	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	9 Years	Female	(b) (6), (b) (7)(C)	star	None	coronet	coronet	None	fetlock	
28	(b) (6), (b) (7)(C)	Bay	Quarter Horse	20 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	None	None	
29	(b) (6), (b) (7)(C)	Black	Quarter Horse	5 Years	Female	(b) (6), (b) (7)(C)	None	None	fetlock	coronet	white to hock	white to hock	
30	(b) (6), (b) (7)(C)	Chestnut	Quarter Horse	14 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip	None	None	None	None	None	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 30, 2019

Certificate Number
VS-MT-19-CA-006-00045625

Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian

Laura Keller, DVM

Name of USDA Veterinarian

Brian V. Noland, DVM

Signature of Accredited Veterinarian

Electronically Signed

Signature of USDA Veterinarian

Digitally Endorsed

Date

January 30, 2019

Date

January 30, 2019



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**

Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 31, 2019	Certificate Number VS-MT-19-CA-006-00045644
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1. Consignor: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7) (C) United States	2. Consignee: Bouvry Exports Fort MacLeod, Alberta Canada
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3. Country Of Origin: USA	4. State Of Origin: Montana
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5. Country Of Destination: Canada	6. Zone Of Destination: *****
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7. Place Of Origin: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7) (C)	8. Port Of Embarkation / Border Crossing: MT - Sweetgrass - Border Port
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9. Estimated Date Of Shipment: February 4, 2019	10. Means Of Transport: Truck
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11. *****	12. CITES Permit Number: *****
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13. Description Of Commodity: Horses	14. Date Of Inspection: 1/30/2019
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15. Total Quantity: 29	16. Additional Information: (See attached Additional Information)
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17. Total Number Of Packages/Containers: *****
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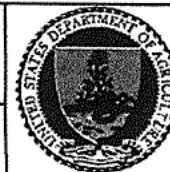
18. Identification / Seal Numbers: *****
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19. Commodities Intended Use: Immediate Slaughter	20. Type Of Admission: Permanent Import
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21. Identification Of Commodities: (See next page) ***** ***** *****



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 31, 2019

Certificate Number
VS-MT-19-CA-006-00045644

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze, lower lip	None	None	white to knee	white to hock	white to hock	
2	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	16 Years	Neutered Male	(b) (6), (b) (7)(C)	star	None	None	None	None	None	
3	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	17 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	None	None	None	None	
4	(b) (6), (b) (7)(C)	Brown	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	None	None	None	None	None	None	
5	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	None	None	
6	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	20 Years	Female	(b) (6), (b) (7)(C)	blaze, lower lip	None	None	None	None	fetlock	branded (b) (6), (b) (7)(C) thigh
7	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	None	None	
8	(b) (6), (b) (7)(C)	Black	Quarter Horse	8 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	fetlock	pastern	
9	(b) (6), (b) (7)(C)	Dun	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	fetlock	fetlock	fetlock	fetlock	
10	(b) (6), (b) (7)(C)	Buckskin/ white	Paint	10 Years	Neutered Male	(b) (6), (b) (7)(C)	None	None	fetlock	fetlock	white to hock	white to hind quarter	
11	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	None	fetlock	fetlock	fetlock	
12	(b) (6), (b) (7)(C)	Bay	Quarter Horse	14 Years	Neutered Male	(b) (6), (b) (7)(C)	star	None	None	None	None	None	
13	(b) (6), (b) (7)(C)	Brown	Quarter Horse	20 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	pastern	fetlock	
14	(b) (6), (b) (7)(C)	Brown	Quarter Horse	4 Years	Neutered Male	(b) (6), (b) (7)(C)	star, snip	None	coronet	None	fetlock	None	
15	(b) (6), (b) (7)(C)	Red dun	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	None	fetlock	
16	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	None	None	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 31, 2019

Certificate Number
VS-MT-19-CA-006-00045644

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
17	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	11 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	None	None	None	flaxen mane and tail
18	(b) (6), (b) (7)(C)	Red dun	Quarter Horse	20 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	None	None	
19	(b) (6), (b) (7)(C)	Black	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	None	None	
20	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	20 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	medial coronet	None	
21	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	15 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	fetlock	white to knee	white to hock	white to hock	
22	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star	None	None	None	None	None	
23	(b) (6), (b) (7)(C)	Red roan	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star	None	None	None	None	None	
24	(b) (6), (b) (7)(C)	Cremello	Quarter Horse	13 Years	Female	(b) (6), (b) (7)(C)	None	None	None	None	None	None	branded (b) (6), (b) (7) (b) (6), (b) (7)(C) hip
25	(b) (6), (b) (7)(C)	Black	Quarter Horse	17 Years	Female	(b) (6), (b) (7)(C)	None	None	None	None	None	None	
26	(b) (6), (b) (7)(C)	Chestnut/ white	Paint	10 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze, lower lip	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
27	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	14 Years	Neutered Male	(b) (6), (b) (7)(C)	strip, snip	None	None	None	pastern	None	
28	(b) (6), (b) (7)(C)	Red dun	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	None	fetlock	pastern	
29	(b) (6), (b) (7)(C)	Black	Quarter Horse	20 Years	Neutered Male	(b) (6), (b) (7)(C)	None	None	None	None	None	None	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 31, 2019

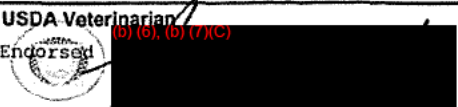
Certificate Number
VS-MT-19-CA-006-00045644

Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian Laura Keller, DVM	Name of USDA Veterinarian Brian V. Noland, DVM
Signature of Accredited Veterinarian Electronically Signed	Signature of USDA Veterinarian Digitally Endorsed 
Date January 31, 2019	Date January 31, 2019



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**

Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 31, 2019	Certificate Number VS-MT-19-CA-006-00045645
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1. Consignor: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7)(C) United States	2. Consignee: Bouvry Exports Fort MacLeod, Alberta Canada
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3. Country Of Origin: USA	4. State Of Origin: Montana
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5. Country Of Destination: Canada	6. Zone Of Destination: *****
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7. Place Of Origin: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7)(C) [Redacted]	8. Port Of Embarkation / Border Crossing: MT - Sweetgrass - Border Port
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9. Estimated Date Of Shipment: February 5, 2019	10. Means Of Transport: Truck
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11. *****	12. CITES Perml Number: *****
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13. Description Of Commodity: Horses	14. Date Of Inspection: 1/31/2019
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15. Total Quantity: 30	16. Additional Information: (See attached Additional Information)
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17. Total Number Of Packages/Containers: *****
--

18. Identification / Seal Numbers: *****
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19. Commodities Intended Use: Immediate Slaughter	20. Type Of Admission: Permanent Import
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21. Identification Of Commodities:
(See next page)



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 31, 2019

Certificate Number
VS-MT-19-CA-006-00045645

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	None	fetlock	None	blind left eye
2		Black	Quarter Horse	10 Years	Female		star	None	None	None	None	fetlock	
3		Bay	Quarter Horse	10 Years	Female		star, snip	None	None	None	fetlock	fetlock	
4		Chestnut	Quarter Horse	10 Years	Female		star	None	None	None	None	fetlock	branded (b) (6), (b) (7)(C) shoulder
5		Bay	Quarter Horse	10 Years	Neutered Male		star	None	None	None	posterior coronet	None	
6		Brown	Quarter Horse	10 Years	Female		star	None	None	None	None	None	
7		Brown	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	None	None	None	None	
8		Sorrel	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	fetlock	lateral coronet	fetlock	fetlock	branded (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) hip
9		Grullo	Quarter Horse	10 Years	Female		None	None	None	None	None	None	
10		Bay	Quarter Horse	10 Years	Neutered Male		star, snip	None	None	None	None	pastern	
11		Sorrel/ white	Appaloosa	10 Years	Female		star, strip, snip	None	None	None	fetlock	fetlock	
12		Brown	Quarter Horse	10 Years	Neutered Male		blaze	None	None	None	fetlock	fetlock	
13		Bay	Quarter Horse	10 Years	Female		star	None	None	None	None	None	
14		Black/ white	Appaloosa	10 Years	Neutered Male		blaze, lower lip	white over hind quarters	None	None	fetlock	fetlock	
15		Chestnut	Appaloosa	10 Years	Female		star	None	None	None	None	None	
16		Palomino	Quarter Horse	20 Years	Female		star, strip, snip	None	None	None	fetlock	fetlock	blind left eye



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 31, 2019

Certificate Number
VS-MT-19-CA-006-00045645

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
17	(b) (6), (b) (7)(C)	Black	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	fetlock	lateral coronet	branded (b) (6), (b) (7)(C) shoulder
18		Bay	Quarter Horse	11 Years	Neutered Male		star	None	None	None	None	None	
19		Bay	Quarter Horse	10 Years	Female		None	None	None	None	None	None	
20		Brown	Quarter Horse	10 Years	Neutered Male		star	None	None	None	None	None	
21		Palomino	Quarter Horse	10 Years	Female		blaze	None	None	None	fetlock	fetlock	
22		Brown/ white	Paint	10 Years	Neutered Male		blaze, lower lip	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
23		Bay-brown	Quarter Horse	10 Years	Female		star	None	None	None	None	None	
24		Chestnut	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	None	None	fetlock	fetlock	
25		Bay	Quarter Horse	10 Years	Female		blaze	None	None	None	fetlock	fetlock	branded (b) (6), (b) (7)(C) shoulder
26		Bay	Quarter Horse	10 Years	Neutered Male		blaze	None	fetlock	fetlock	fetlock	fetlock	
27		Bay	Quarter Horse	11 Years	Neutered Male		star	None	None	None	None	fetlock	
28		Palomino	Quarter Horse	8 Years	Neutered Male		blaze	None	None	fetlock	fetlock	None	
29		Chestnut	Quarter Horse	10 Years	Female		star, strip, snip	None	None	None	None	None	
30		Bay	Quarter Horse	11 Years	Neutered Male		blaze, lower lip	None	fetlock	fetlock	fetlock	fetlock	branded (b) (6), (b) (7)(C) hip



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 31, 2019

Certificate Number
VS-MT-19-CA-006-00045645

Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian

Laura Keller, DVM

Name of USDA Veterinarian

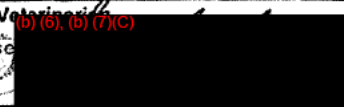
Brian V. Noland, DVM

Signature of Accredited Veterinarian

Electronically Signed

Signature of USDA Veterinarian

Digitally Endorsed



Date

January 31, 2019

Date

January 31, 2019



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**

Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 2, 2019	Certificate Number VS-MT-19-CA-006-00044822
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1. Consignor: (b) (6), (b) (7)(C) MT (b) (6), (b) (7)(C) United States	2. Consignee: Bouvry Exports Fort MacLeod, Alberta Canada
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3. Country Of Origin: USA	4. State Of Origin: Montana
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5. Country Of Destination: Canada	6. Zone Of Destination: *****
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7. Place Of Origin: (b) (6), (b) (7)(C) MT (b) (6), (b) (7)(C)	8. Port Of Embarkation / Border Crossing: MT - Sweetgrass - Border Port
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9. Estimated Date Of Shipment: January 7, 2019	10. Means Of Transport: Truck
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11. *****	12. CITES Permit Number: *****
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13. Description Of Commodity: Horses	14. Date Of Inspection: 1/2/2019
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15. Total Quantity: 30	16. Additional Information: (See attached Additional Information)
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17. Total Number Of Packages/Containers: *****
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18. Identification / Seal Numbers: *****
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19. Commodities Intended Use: Immediate Slaughter	20. Type Of Admission: Permanent Import
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21. Identification Of Commodities: (See next page) ***** ***** *****



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 2, 2019

Certificate Number
VS-MT-19-CA-006-00044822

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	bay roan	Quarter Horse	15 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	None	fetlock	branded (b) (6), (b) (7)(C) thigh
2	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	13 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	None	lateral coronet	fetlock	fetlock	branded (b) (6), (b) (7)(C) shoulder
3	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star	None	None	fetlock	fetlock	coronet	
4	(b) (6), (b) (7)(C)	Chestnut/ white	Paint	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star	None	white to knee	fetlock	fetlock	white to hock	branded (b) (6), (b) (7)(C) hip
5	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	None	None	None	None	None	None	
6	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star	None	None	None	None	None	branded (b) (6), (b) (7)(C) shoulder, (b) (6), (b) (7)(C) hip
7	(b) (6), (b) (7)(C)	Dun	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	None	None	
8	(b) (6), (b) (7)(C)	Dun	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	None	coronet	None	fetlock	
9	(b) (6), (b) (7)(C)	Bay roan	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, snip	None	None	None	None	fetlock	branded (b) (6), (b) (7)(C) L hip
10	(b) (6), (b) (7)(C)	Brown	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	fetlock	None	
11	(b) (6), (b) (7)(C)	Brown	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	None	None	None	None	None	None	blind left eye
12	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	fetlock	None	None	fetlock	
13	(b) (6), (b) (7)(C)	Sorrel/ white	Appaloosa	10 Years	Female	(b) (6), (b) (7)(C)	blaze	white over hind quarters	None	None	None	None	
14	(b) (6), (b) (7)(C)	Sorrel/ white	Paint	10 Years	Female	(b) (6), (b) (7)(C)	white face	None	fetlock	fetlock	white to hock	white to hock	
15	(b) (6), (b) (7)(C)	Bay roan	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, snip	None	pastern	lateral coronet	fetlock	fetlock	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 2, 2019

Certificate Number
VS-MT-19-CA-006-00044822

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
16	(b) (6), (b) (7)(C)	Dun	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	fetlock	fetlock	fetlock	None	
17		Chestnut	Quarter Horse	10 Years	Female		star	None	None	None	fetlock	fetlock	
18		Sorrel	Quarter Horse	10 Years	Female		star, strip, snip	None	None	pastern	coronet	None	
19		Bay	Quarter Horse	10 Years	Female		None	None	None	None	posterior coronet	None	
20		Sorrel	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	coronet	coronet	fetlock	fetlock	
21		Chestnut	Quarter Horse	10 Years	Female		star, strip, snip	None	fetlock	white to knee	white to hock	coronet	
22		Bay	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	None	None	None	None	
23		Sorrel/ white	Paint	10 Years	Neutered Male		blaze	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
24		Brown/ white	Paint	10 Years	Female		star, strip, snip	None	white to knee	white to knee	white to hind quarter	white to hind quarter	
25		Sorrel/ white	Paint	10 Years	Neutered Male		star	None	white onto body	white onto body	white to hind quarter	fetlock	blind left eye
26		Sorrel	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	fetlock	lateral coronet	fetlock	fetlock	
27		Bay	Quarter Horse	10 Years	Neutered Male		None	None	None	None	None	None	
28		Bay/white	Paint	10 Years	Neutered Male		blaze	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
29		Bay	Quarter Horse	10 Years	Neutered Male		None	None	None	None	None	None	branded shoulder (b) (6), (b) (7)(C)
30		Bay	Quarter Horse	10 Years	Female		star	None	None	None	fetlock	None	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 2, 2019


Certificate Number
VS-MT-19-CA-006-00044822

Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian Laura Keller, DVM	Name of USDA Veterinarian Brian V. Noland, DVM
Signature of Accredited Veterinarian Electronically Signed	Signature of USDA Veterinarian (b) (6), (b) (7)(C) Digitally Endorsed 
Date January 2, 2019	Date January 2, 2019



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**

Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 3, 2019	Certificate Number VS-MT-19-CA-006-00044886
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1. Consignor: (b) (6), (b) (7)(C) [Redacted] MT 59474 United States	2. Consignee: Bouvry Exports Fort MacLeod, Alberta Canada
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3. Country Of Origin: USA	4. State Of Origin: Montana
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5. Country Of Destination: Canada	6. Zone Of Destination:
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7. Place Of Origin: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7)(C)	8. Port Of Embarkation / Border Crossing: MT - Sweetgrass - Border Port
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9. Estimated Date Of Shipment: January 7, 2019	10. Means Of Transport: Truck
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11. ***** *****	12. CITES Permit Number: *****
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13. Description Of Commodity: Horses	14. Date Of Inspection: 1/2/2019
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15. Total Quantity: 30	16. Additional Information: (See attached Additional Information)
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17. Total Number Of Packages/Containers: *****
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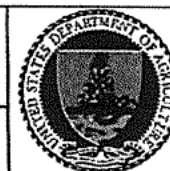
18. Identification / Seal Numbers: *****
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19. Commodities Intended Use: Immediate Slaughter	20. Type Of Admission: Permanent Import
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21. Identification Of Commodities:
(See next page)



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 3, 2019

Certificate Number
VS-MT-19-CA-006-00044886

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	fetlock	fetlock	medial coronet	coronet	branded (b) (6), (b) (7)(C) hip
2		Red dun	Quarter Horse	10 Years	Female		star, strip, snip	None	fetlock	fetlock	fetlock	fetlock	
3		Bay	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	None	None	lateral coronet	None	
4		Red dun	Quarter Horse	10 Years	Neutered Male		None	None	None	None	None	None	
5		Sorrel	Quarter Horse	10 Years	Female		blaze	None	None	None	fetlock	None	
6		Sorrel	Quarter Horse	10 Years	Female		blaze	None	None	None	None	fetlock	branded (b) (6), (b) (7)(C) hip
7		Bay/white	Paint	10 Years	Neutered Male		star, strip, snip	None	fetlock	white onto body	white to hock	white to hock	
8		Black	Quarter Horse	10 Years	Female		None	None	None	None	None	None	
9		Palomino	Quarter Horse	10 Years	Neutered Male		blaze	None	white to knee	fetlock	white to hock	white to hock	
10		Bay	Quarter Horse	10 Years	Neutered Male		None	None	None	None	None	None	
11		Bay	Quarter Horse	10 Years	Female		star	None	None	None	None	None	
12		Chestnut roan	Appaloosa	10 Years	Female		star, strip, snip	None	None	None	None	None	
13		Brown	Quarter Horse	10 Years	Female		blaze	None	None	None	None	None	
14		Sorrel	Quarter Horse	10 Years	Female		star, strip, snip	None	None	None	fetlock	fetlock	
15		Palomino	Quarter Horse	10 Years	Female		star, strip, snip	None	None	None	None	fetlock	
16		Sorrel	Quarter Horse	10 Years	Female		blaze	None	None	None	fetlock	fetlock	
17		Sorrel	Quarter Horse	10 Years	Female		blaze	None	fetlock	None	pastern	None	
18		Chestnut	Quarter Horse	10 Years	Female		star, strip, snip	None	None	None	None	fetlock	
19		Brown	Quarter Horse	10 Years	Neutered Male		star	None	None	None	coronet	None	
20		Red dun	Quarter Horse	10 Years	Female		blaze	None	None	None	None	None	
21		Bay/white	Paint	10 Years	Neutered		blaze	None	white to	white to	white to	white to	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 3, 2019

Certificate Number
VS-MT-19-CA-006-00044886

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
22	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, snip	None	None	None	hock	hock	
23	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	None	None	
24	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Male	(b) (6), (b) (7)(C)	star, strip	None	None	None	fetlock	fetlock	
25	(b) (6), (b) (7)(C)	Chestnut	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	None	None	None	None	None	None	
26	(b) (6), (b) (7)(C)	Brown	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	None	None	None	None	coronet	None	blind left eye
27	(b) (6), (b) (7)(C)	Palomino	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	None	None	branded (b) (6), (b) (7)(C)
28	(b) (6), (b) (7)(C)	Bay roan/white	Paint	10 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	None	None	fetlock	fetlock	(b) (6), (b) (7)(C) thigh
29	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	None	fetlock	fetlock	
30	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip	None	None	None	None	None	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 3, 2019

Certificate Number
VS-MT-19-CA-006-00044886

Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian Laura Keller, DVM	Name of USDA Veterinarian Brian V. Noland, DVM
Signature of Accredited Veterinarian Electronically Signed	Signature of USDA Veterinarian (b) (6), (b) (7)(C) Digitally Endorsed
Date January 3, 2019	Date January 3, 2019

**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 3, 2019	Certificate Number VS-MT-19-CA-006-00044905
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1. Consignor: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7)(C) United States	2. Consignee: Bouvy Exports Fort MacLeod, Alberta Canada
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3. Country Of Origin: USA	4. State Of Origin: Montana
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5. Country Of Destination: Canada	6. Zone Of Destination: *****
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7. Place Of Origin: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7)(C)	8. Port Of Embarkation / Border Crossing: MT - Sweetgrass - Border Port
--	---

9. Estimated Date Of Shipment: January 8, 2019	10. Means Of Transport: Truck
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11. *****	12. CITES Permit Number: *****
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13. Description Of Commodity: Horses	14. Date Of Inspection: 1/3/2019
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15. Total Quantity: 30	16. Additional Information: (See attached Additional Information)
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17. Total Number Of Packages/Containers: *****
--

18. Identification / Seal Numbers: *****
--

19. Commodities Intended Use: Immediate Slaughter	20. Type Of Admission: Permanent Import
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21. Identification Of Commodities:

(See next page)



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 3, 2019

Certificate Number
VS-MT-19-CA-006-00044905

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Buckskin/ white	Paint	12 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	white to knee	white to knee	white to hock	white to hock	
2		Black	Quarter Horse	18 Years	Female		star	None	anterior/ posterior coronet	None	None	fetloc k	branded (b) (6), (b) (7)(C) hip
3		Bay	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	fetlock	fetlock	fetloc k	fetloc k	branded (b) (6), (b) (7)(C) shoulder, (b) (6), (b) (6), (b) (7) hip (b) (7) (C)
4		Red roan/white	Paint	9 Years	Female		blaze	None	white to knee	white to knee	white to hock	white to hock	
5		Black	Draft	24 Years	Female		star	None	None	None	None	None	
6		Blue roan	Quarter Horse	9 Years	Neutered Male		snip	None	coronet	fetlock	None	fetloc k	
7		Sorrel	Quarter Horse	21 Years	Neutered Male		star	None	None	None	None	None	
8		Black	Quarter Horse	14 Years	Female		star	None	None	None	None	None	
9		Bay	Quarter Horse	4 Years	Neutered Male		star, snip	None	fetlock	fetlock	fetloc k	fetloc k	
10		Bay	Quarter Horse	6 Years	Neutered Male		star, snip	None	None	None	None	None	
11		Sorrel	Quarter Horse	22 Years	Neutered Male		star, snip	None	None	None	None	None	
12		Palomino	Quarter Horse	28 Years	Neutered Male		blaze	None	None	fetlock	white to hock	white to hock	
13		Black	Quarter Horse	11 Years	Female		star	None	None	None	None	None	
14		Chestnut/ white	Paint	9 Years	Female		blaze	None	None	None	None	None	branded (b) (6), (b) (6), (b) (7)(C) shoulder, (b) (6), (b) (7)(C) hip (b) (6), (b) (7) (C)
15		Bay	Quarter Horse	12 Years	Female		blaze	None	fetlock	None	fetloc k	fetloc k	branded (b) (6), (b) (7)(C) hip
16		Dun roan	Quarter Horse	18 Years	Female		star	None	None	None	None	None	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 3, 2019

Certificate Number
VS-MT-19-CA-006-00044905

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
17	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	22 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	None	None	branded (b) (6), (b) (7)(C) hip
18	(b) (6), (b) (7)(C)	Dun	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	None	fetloc k	None	branded (b) (6), (b) (7)(C) hip
19	(b) (6), (b) (7)(C)	Bay	Quarter Horse	12 Years	Female	(b) (6), (b) (7)(C)	star, snip	None	coronet	None	None	corone t	
20	(b) (6), (b) (7)(C)	Buckskin/ white	Paint	11 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	white to knee	white to knee	white to hock	white to hock	
21	(b) (6), (b) (7)(C)	Buckskin	Quarter Horse	20 Years	Female	(b) (6), (b) (7)(C)	star, snip	None	None	None	None	None	
22	(b) (6), (b) (7)(C)	Chestnut	Quarter Horse	20 Years	Female	(b) (6), (b) (7)(C)	blaze	None	fetlock	None	fetloc k	None	
23	(b) (6), (b) (7)(C)	Dun	Quarter Horse	8 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	None	lateral coronet	None	fetloc k	branded (b) (6), (b) (7)(C) hip
24	(b) (6), (b) (7)(C)	Bay	Quarter Horse	3 Years	Neutered Male	(b) (6), (b) (7)(C)	star, snip	None	None	None	None	None	
25	(b) (6), (b) (7)(C)	Blue Roan	Quarter Horse	12 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip	None	None	None	medial corone t	corone t	branded (b) (6), (b) (7)(C) hip
26	(b) (6), (b) (7)(C)	Bay	Quarter Horse	8 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	medial corone t	None	branded (b) (6), (b) (7)(C) hip
27	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	None	None	None	None	None	None	branded (b) (6), (b) (7)(C) hip
28	(b) (6), (b) (7)(C)	Chestnut	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	None	None	branded (b) (6), (b) (7)(C) shoulder
29	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip	None	None	None	None	None	branded (b) (6), (b) (7)(C) shoulder
30	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	13 Years	Female	(b) (6), (b) (7)(C)	star, strip	None	None	None	fetloc k	None	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 3, 2019


Certificate Number
VS-MT-19-CA-006-00044905

Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian Laura Keller, DVM	Name of USDA Veterinarian Brian V. Noland, DVM
Signature of Accredited Veterinarian Electronically Signed	Signature of USDA Veterinarian Digitally Endorsed 
Date January 3, 2019	Date January 3, 2019

**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 10, 2019	Certificate Number VS-MT-19-CA-006-00045077
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1. Consignor: (b) (6), (b) (7)(C) [Redacted], MT (b) (6), (b) (7)(C) United States	2. Consignee: Bouvy Exports Fort MacLeod, Alberta Canada
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3. Country Of Origin: USA	4. State Of Origin: Montana
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5. Country Of Destination: Canada	6. Zone Of Destination: *****
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7. Place Of Origin: (b) (6), (b) (7)(C) [Redacted], MT (b) (6), (b) (7)(C)	8. Port Of Embarkation / Border Crossing: MT - Sweetgrass - Border Port
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9. Estimated Date Of Shipment: January 14, 2019	10. Means Of Transport: Truck
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11. *****	12. CITES Permit Number: *****
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13. Description Of Commodity: Horses	14. Date Of Inspection: 1/9/2019
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15. Total Quantity: 30	16. Additional Information: (See attached Additional Information)
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17. Total Number Of Packages/Containers: *****
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18. Identification / Seal Numbers: *****
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19. Commodities Intended Use: Immediate Slaughter	20. Type Of Admission: Permanent Import
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21. Identification Of Commodities: (See next page) ***** ***** *****



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority

UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

January 10, 2019

Certificate Number

VS-MT-19-CA-006-00045077

16. Additional Information: Continued

All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Bay	Quarter Horse	9 Years	Neutered Male	(b) (6), (b) (7) (C)	star	None	None	None	None	None	
2		Sorrel	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	None	None	fetlock	None	
3		Bay	Quarter Horse	10 Years	Neutered Male		star	None	None	None	pastern	None	
4		Black/ white	Paint	17 Years	Neutered Male		star, strip, snip	None	white to knee	white to knee	white to hock	white to hock	
5		Bay/white	Paint	20 Years	Female		blaze	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
6		Sorrel	Quarter Horse	16 Years	Neutered Male		blaze	None	white to knee	white to knee	white to hock	white to hock	
7		Buckskin	Quarter Horse	10 Years	Neutered Male		None	None	None	coronet	fetlock	fetlock	
8		Grey	Quarter Horse	10 Years	Neutered Male		None	None	None	None	None	None	branded (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) thigh
9		Bay	Quarter Horse	10 Years	Female		star, snip	None	None	None	anterior coronet	None	(b) (6), (b) (7)(C) thigh
10		Brown/ white	Paint	23 Years	Neutered Male		star, snip	None	white onto body	white onto body	white to hock	fetlock	branded (b) (6), (b) (7)(C) thigh
11		Sorrel	Quarter Horse	12 Years	Female		star, strip, snip	None	None	None	None	None	
12		Black	Quarter Horse	18 Years	Female		None	None	None	None	fetlock	None	
13		Bay roan	Quarter Horse	6 Years	Female		star, snip	None	None	None	None	fetlock	branded (b) (6), (b) (7)(C) shoulder
14		Red roan/white	Paint	22 Years	Female		blaze, lower lip	None	white to knee	white to knee	white to hock	white to hock	branded (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) hip
15		Chestnut	Quarter Horse	15 Years	Neutered		blaze	None	anterior/ fetlock	white to fetlock	white to fetlock	white to fetlock	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 10, 2019

Certificate Number
VS-MT-19-CA-006-00045077

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
	(b) (6), (b) (7)(C)				Male	(b) (6), (b) (7)(C)			lateral coronet		hock	hock	
16		Bay	Quarter Horse	12 Years	Neutered Male		star	None	None	None	anterior coronet	None	
17		Pelino	Quarter Horse	9 Years	Female		strip, snip	None	None	None	None	None	
18		Red roan/white	Paint	10 Years	Neutered Male		star, strip, snip	None	white to knee	white to knee	white to hock	white to hock	branded L hip
19		Grey	Quarter Horse	10 Years	Female		snip	None	None	None	None	None	branded hip
20		Palomino	Quarter Horse	10 Years	Neutered Male		star	None	None	None	None	None	branded (b) (6), (b) (7)(C) shoulder
21		Chestnut	Quarter Horse	20 Years	Neutered Male		star	None	None	None	None	None	
22		Chestnut	Quarter Horse	10 Years	Female		star, snip	None	None	None	fetlock	coronet	
23		Palomino	Quarter Horse	5 Years	Neutered Male		blaze	None	None	None	None	None	
24		Chestnut/ white	Appaloosa	5 Years	Neutered Male		None	white over hind quarters	coronet	None	pastern	pastern	
25		Bay	Quarter Horse	5 Years	Female		star, strip, snip	None	None	None	None	None	
26		Red roan	Quarter Horse	20 Years	Female		star	None	None	None	None	None	branded (b) (6), (b) (7)(C) hip
27		Sorrel/ white	Paint	10 Years	Female		star, strip, snip	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
28		Sorrel	Quarter Horse	10 Years	Female		star, strip, snip	None	None	None	None	None	
29		Bay	Quarter Horse	10 Years	Female		star	None	None	None	None	None	branded (b) (6), (b) (7)(C) hip
30		Grey	Quarter Horse	6 Years	Neutered Male		star, snip	None	pastern	None	None	None	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



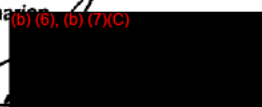
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 10, 2019	Certificate Number VS-MT-19-CA-006-00045077
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Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian Laura Keller, DVM	Name of USDA Veterinarian Brian V. Noland, DVM
Signature of Accredited Veterinarian Electronically Signed	Signature of USDA Veterinarian Digitally Endorsed  (b) (6), (b) (7)(C)
Date January 9, 2019	Date January 10, 2019



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**

Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 10, 2019	Certificate Number VS-MT-19-CA-006-00045078
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1. Consignor: (b) (6), (b) (7)(C) [Redacted] MT 59474 United States	2. Consignee: Bouvy Exports Fort Macleod, Alberta Canada
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3. Country Of Origin: USA	4. State Of Origin: Montana
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5. Country Of Destination: Canada	6. Zone Of Destination:
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7. Place Of Origin: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7)(C)	8. Port Of Embarkation / Border Crossing: MT - Sweetgrass - Border Port
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9. Estimated Date Of Shipment: January 14, 2019	10. Means Of Transport: Truck
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11. *****	12. CITES Permit Number:
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13. Description Of Commodity: Horses	14. Date Of Inspection: 1/9/2019
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15. Total Quantity: 30	18. Additional Information: (See attached Additional Information)
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17. Total Number Of Packages/Containers:
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18. Identification / Seal Numbers:
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19. Commodities Intended Use: Immediate Slaughter	20. Type Of Admission: Permanent Import
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21. Identification Of Commodities: (See next page) ***** ***** *****



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 10, 2019

Certificate Number
VS-MT-19-CA-006-00045078

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	fetlock	fetlock	
2		Sorrel	Quarter Horse	10 Years	Neutered Male		star, strip, snip	None	None	fetlock	fetlock	fetlock	branded (b) (6), (b) (7)(C) hip
3		Chestnut	Quarter Horse	10 Years	Female		star, strip, snip	None	None	None	fetlock	fetlock	
4		Brown	Quarter Horse	10 Years	Female		star, strip, snip	None	None	None	fetlock	fetlock	
5		Brown/ white	Paint	12 Years	Female		star, strip, snip	None	white to knee	white to knee	white to hock	white to hock	
6		Chestnut	Quarter Horse	10 Years	Female		star, strip, snip	None	paster n	None	fetlock	fetlock	
7		Buckskin	Quarter Horse	18 Years	Female		star	None	None	None	fetlock	None	branded (b) (6), (b) (7)(C) thigh
8		Palomino	Quarter Horse	10 Years	Female		blaze, lower lip	None	fetloc k	fetlock	fetlock	fetlock	
9		Bay	Quarter Horse	15 Years	Neutered Male		star	None	None	None	None	pastern	
10		Chestnut	Quarter Horse	10 Years	Female		star, strip, snip	None	None	None	None	None	
11		Dun	Quarter Horse	10 Years	Female		None	None	None	None	None	pastern	
12		Sorrel	Quarter Horse	11 Years	Neutered Male		blaze	None	None	None	pastern	fetlock	
13		Bay	Quarter Horse	23 Years	Female		star	None	None	None	medial coronet	None	
14		Chestnut	Quarter Horse	12 Years	Female		blaze	None	None	None	fetlock	fetlock	branded (b) (6), (b) (7)(C) hip
15		Bay	Quarter Horse	10 Years	Neutered		star,	None	None	None	fetlock	fetlock	(b) (6), (b) (7)(C) hip



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date of Issue
January 10, 2019

Certificate Number
VS-MT-19-CA-006-00045078

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
16	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	snip star, strip, snip	None	fetloc k	fetlock	fetlock	fetlock	branded hip, (b) (6), (b) (7)(C) buttock
17	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	star, strip, snip	None	None	None	None	fetlock	
18	(b) (6), (b) (7)(C)	Red dun	Quarter Horse	8 Years	Female	(b) (6), (b) (7)(C)	blaze	None	paster n	None	None	None	
19	(b) (6), (b) (7)(C)	Bay	Quarter Horse	10 Years	Neutered Male	(b) (6), (b) (7)(C)	white hairs on forehead	None	None	None	pastern	pastern	branded shoulder (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
20	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	None	None	fetlock	
21	(b) (6), (b) (7)(C)	Black/ white	Paint	12 Years	Female	(b) (6), (b) (7)(C)	blaze	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
22	(b) (6), (b) (7)(C)	Chestnut/ white spots	Appaloosa	8 Years	Neutered Male	(b) (6), (b) (7)(C)	star	white spots throughout body	None	None	fetlock	None	
23	(b) (6), (b) (7)(C)	Sorrel/ white	Paint	10 Years	Neutered Male	(b) (6), (b) (7)(C)	blaze	None	white onto body	white onto body	white to hock	white to hind quarter	
24	(b) (6), (b) (7)(C)	Black	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	None	coronet	None	
25	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	15 Years	Female	(b) (6), (b) (7)(C)	star, strip, snip	None	fetloc k	fetlock	fetlock	fetlock	
26	(b) (6), (b) (7)(C)	Chestnut	Quarter Horse	9 Years	Female	(b) (6), (b) (7)(C)	blaze	None	paster n	None	white to hock	fetlock	
27	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	star	None	None	None	None	fetlock	
28	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	None	None	fetlock	fetlock	
29	(b) (6), (b) (7)(C)	Brown	Quarter Horse	8 Years	Female	(b) (6), (b) (7)(C)	star	None	None	anterior/ posterior coronet	fetlock	fetlock	
30	(b) (6), (b) (7)(C)	Chestnut	Quarter Horse	19 Years	Female	(b) (6), (b) (7)(C)	star, strip	None	None	None	fetlock	fetlock	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 10, 2019

Certificate Number
VS-MT-19-CA-006-00045078

Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



Name of Accredited Veterinarian Laura Keller, DVM	Name of USDA Veterinarian Brian V. Noland, DVM
Signature of Accredited Veterinarian Electronically Signed	Signature of USDA Veterinarian Digitally Endor (b) (6), (b) (7)(C)
Date January 9, 2019	Date January 10, 2019

**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue January 16, 2019	Certificate Number VS-MT-19-CA-006-00045247
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1. Consignor: (b) (6), (b) (7)(C) [Redacted] MT 59474 United States	2. Consignee: Bouvry Exports Fort MacLeod, Alberta Canada
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3. Country Of Origin: USA	4. State Of Origin: Montana
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5. Country Of Destination: Canada	6. Zone Of Destination: *****
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7. Place Of Origin: (b) (6), (b) (7)(C) [Redacted] MT (b) (6), (b) (7)(C)	8. Port Of Embarkation / Border Crossing: MT - Sweetgrass - Border Port
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9. Estimated Date Of Shipment: January 21, 2019	10. Means Of Transport: Truck
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11. *****	12. CITES Permit Number: *****
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13. Description Of Commodity: Horses	14. Date Of Inspection: 1/15/19
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15. Total Quantity: 30	16. Additional Information: (See attached Additional Information)
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17. Total Number Of Packages/Containers: *****
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18. Identification / Seal Numbers: *****
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19. Commodities Intended Use: Immediate Slaughter	20. Type Of Admission: Permanent Import
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21. Identification Of Commodities:
(See next page)



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 16, 2019

Certificate Number
VS-MT-19-CA-006-00045247

16. Additional Information: Continued
All horses are branded -S on left shoulder

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
1	(b) (6), (b) (7)(C)	Sorrel	Quarter Horse	10 Years	Female	(b) (6), (b) (7)(C)	blaze	None	fetlock	fetlock	medial coronet	coronet	branded (b) (6), (b) (7)(C) hip
2		Bay	Quarter Horse	10 Years	Neutered Male		star	None	None	fetlock	fetlock	coronet	
3		Bay	Quarter Horse	10 Years	Neutered Male		star, snip	None	None	None	fetlock	fetlock	
4		Chestnut	Quarter Horse	17 Years	Female		star	None	None	None	fetlock	fetlock	
5		Palomino	Quarter Horse	10 Years	Neutered Male		blaze, lower lip	None	None	fetlock	white to hock	white to hock	
6		Sorrel/ white	Paint	18 Years	Female		blaze, lower lip	None	white onto body	white onto body	white to hind quarter	white to hind quarter	
7		Sorrel	Quarter Horse	11 Years	Female		star, strip, snip	None	None	pastern	fetlock	fetlock	
8		Sorrel	Quarter Horse	10 Years	Neutered Male		blaze	None	fetlock	None	medial coronet	pastern	
9		Sorrel	Quarter Horse	18 Years	Neutered Male		star, strip, snip	None	white to knee	fetlock	fetlock	coronet	
10		Grey/white	Appalocsa	19 Years	Neutered Male		star, strip, snip	None	fetlock	None	pastern	fetlock	
11		Grey	Quarter Horse	7 Years	Female		star	None	coronet	coronet	coronet	pastern	(b) (6), (b) (7)(C) neck
12		Palomino	Quarter Horse	9 Years	Neutered Male		blaze	None	None	None	pastern	white to hock	branded (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) hip
13		Blue roan	Quarter Horse	5 Years	Female		star	None	None	None	None	None	
14		Sorrel	Quarter Horse	10 Years	Neutered Male		star, snip	None	None	None	None	fetlock	
15		Sorrel	Quarter Horse	13 Years	Neutered Male		star, strip, snip	None	fetlock	fetlock	fetlock	fetlock	branded (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) high
16		Sorrel	Quarter Horse	8 Years	Neutered Male		blaze	None	fetlock	pastern	fetlock	fetlock	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 16, 2019

Certificate Number
VS-MT-19-CA-006-00045247

21. Identification Of Commodities: Continued

Row	ID	Color	Breed	Age	Sex	Other ID / Tattoo	Head	Body	Limb LF	Limb RF	Limb LH	Limb RH	Add. Desc.
17	(b) (6), (b) (7)(C)	Bay-brown	Quarter Horse	5 Years	Female	(b) (6), (b) (7)(C)	blaze, lower lip	None	None	None	medial coronet	white to hock	branded (b) (6), (b) (7)(C) R hip
18		Sorrel/ white	Paint	20 Years	Female		blaze, lower lip	None	white onto body	white onto body	white to hock	white to hock	
19		Buckskin/ white	Paint	12 Years	Female		star, strip	None	white onto body	white to knee	white to hock	white to hock	
20		Palomino	Quarter Horse	18 Years	Neutered Male		None	None	None	None	None	None	
21		Bay	Quarter Horse	21 Years	Neutered Male		None	None	None	None	None	None	
22		Bay	Quarter Horse	8 Years	Neutered Male		snip	None	fetlock	None	fetlock	fetlock	branded (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
23		Sorrel	Quarter Horse	5 Years	Neutered Male		blaze, lower lip	None	fetlock	fetlock	white to hock	white to hock	(b) (6), (b) (7)(C) hip
24		Sorrel	Quarter Horse	10 Years	Neutered Male		star, snip	None	None	fetlock	None	pastern	
25		Sorrel	Quarter Horse	20 Years	Female		star, strip	None	None	None	None	fetlock	
26		Bay-brown	Quarter Horse	28 Years	Female		star	None	None	None	None	None	
27		Brown	Quarter Horse	26 Years	Female		None	None	None	None	None	None	
28		Sorrel	Quarter Horse	18 Years	Female		blaze	None	None	None	white to hock	white to hock	
29		Bay	Quarter Horse	4 Years	Female		star	None	None	None	coronet	None	
30		Sorrel	Quarter Horse	4 Years	Neutered Male		blaze	None	coronet	coronet	None	fetlock	



**Veterinary Health Certificate for Export of
Immediate Slaughter Horses from the United States of America to Canada**



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
January 16, 2019


Certificate Number
VS-MT-19-CA-006-00045247

Certification Statements:

1. The animals were inspected by a veterinarian 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. Regarding equine piroplasmiasis, during the previous 21 days, the animals in this shipment have not been in the states of Texas or New Mexico.
6. Regarding Vesicular stomatitis (VS), all states in which the animal(s) have resided in the past twenty-one (21) days were free from clinical and epidemiological evidence of vesicular stomatitis during the twenty-one (21) days immediately prior to export to Canada.

Note: 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.



<p>Name of Accredited Veterinarian Laura Keller, DVM</p>	<p>Name of USDA Veterinarian Brian V. Noland, DVM</p>
<p>Signature of Accredited Veterinarian Electronically Signed</p>	<p>Signature of USDA Veterinarian (b) (6), (b) (7)(C) Digitally Endorsed </p>
<p>Date January 16, 2019</p>	<p>Date January 16, 2019</p>

U.S. DEPARTMENT 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 0600	DATE 01/02/2019	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE [REDACTED] ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME 903 3P22 Nigel Runnalls	NAME OF AUCTION/MARKET [REDACTED]	
CONSIGNOR (OWNER/SHIPPER) [REDACTED]	CONSIGNEE (RECEIVER/DESTINATION) NAME VIANOE KICHELIED	
STREET ADDRESS [REDACTED]	STREET ADDRESS 575 RUE ROYALE C.P.101	
CITY, STATE, ZIP CODE [REDACTED] ONIO [REDACTED]	CITY, STATE, ZIP CODE MASSEDEVILLE QUEBEC J0G1K0	
AREA CODE & TELEPHONE NO. [REDACTED]	AREA CODE & TELEPHONE NO. 450 788 2490	

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions		
			Bay	Grey	Blk	Pink	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld					
1	LSWA	[REDACTED]												Sto	b					BRAND	
2														Sto	b					LIP	
3														Sto				b			
4														Sto				b		BRAND	
5														Print				b			
6																		b			
7																		b			
8														Print				b		CROOKED RIGHT FRONT LEG	
9																		b		BRAND	[REDACTED]
10														Half				b			
11														Sto				b		BRAND	LARGE RIGHT KNEES
12														Sto				b			
13														Sto				b			
14														Sto				b		LIP	
15														Sto				b		BRAND	



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

SIGNATURE [REDACTED]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST _____

DATE _____

TIME _____

I HEREBY 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.)

[REDACTED]

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition			
		Bay	Grey	Blk.	Pinto	Ghost	Other	TB	QT	Draft	Foxy	Other	Mare	Stall	Gold						
15NA	(b) (6), (b) (7)(C)	b																			
17		b																BRAND			
18						DARK														BRAND	BLIND RIGHT EYE
19		b																		BRAND	(b) (6), (b) (7)(C)
20																					
21																					
22																					
23																					
24						DARK															
25																				BRAND	CROOKED LEFT FRONT LEG
26																				BRAND	CROOKED LEFT FRONT LEG
27		b																			
28																					
29																					
30																					
31																					
32																					
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b) (6), (b) (7)(C)

**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 134-9791940WT	DATE Jan 2/19.	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME (b) (6), (b) (7)(C)		NAME OF AUCTION/MARKET (b) (6), (b) (7)(C)
CONSIGNOR (OWNER/SHIPPER) NAME (b) (6), (b) (7)(C)		CONSIGNEE (RECEIVER/DESTINATION) NAME VIANDE RICHELIEU
STREET ADDRESS (b) (6), (b) (7)(C)		STREET ADDRESS 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE (b) (6), (b) (7)(C) ONIO (b) (6), (b) (7)(C)		CITY, STATE, ZIP CODE MARSEILLEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO. (b) (6), (b) (7)(C)		AREA CODE & TELEPHONE NO. 450 788 2490

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
WSNA	(b) (6), (b) (7)(C)					b									b				
	(b) (6), (b) (7)(C)					b									b				
	(b) (6), (b) (7)(C)														b				
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)	b													b				BUMPS ON KNEES
	(b) (6), (b) (7)(C)					BLK WH													BUMPS ON KNEES
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		
	(b) (6), (b) (7)(C)																		

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

SIGNATURE

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCIOI FRONTIER:  ON EN

EST. _____

DATE _____

TIME _____

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

(Please type or print in ink)

Tag No.	TAG PREFIX	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			b								STO	b						LARGE RIGHT REAR ANKLE
17						b													
18						b													
19							BRN					STO	b						
20												STO	b				BRAND (b) (6), (b) (7)(C)		
21												STO	b						BLIND LEFT EYE
22							BRN					STO	b				BRAND		
23							BRN					STO							
24						BAY WHT						PRINT							
25												STO	b						
26							BRN					STO	b				BRAND		
27						BAY WHT						PRINT	b						
28							DUN						b						
29													b						
30							BRN					STO							
31												STO							LIP-
32							BRN						b						
33						BCK WHT						PRINT	b						
34													b						
35							BRN												
36																			
37																			
38																			
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42																			
43																			
44																			
45																			



Equine Welfare Alliance

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

(b) (6), (b) (7)(C)

**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 6 min. per response, including the time for reviewing instructions, 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 <i>0600</i>	DATE <i>01/07/2019</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>(b) (6), (b) (7)(C) ONIO</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME <i>(b) (6), (b) (7)(C)</i>	NAME OF AUCTION/MARKET <i>(b) (6), (b) (7)(C)</i>	
CONSIGNOR (OWNER) <i>(b) (6), (b) (7)(C)</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>VIANDE RIGNELIEU</i>	
STREET ADDRESS <i>(b) (6), (b) (7)(C)</i>	STREET ADDRESS <i>595 RUE ROYALE C.P.101</i>	
CITY, STATE <i>(b) (6), (b) (7)(C) ONIO (b) (6), (b) (7)(C)</i>	CITY, STATE, ZIP CODE <i>MASSENEVILLE, QUEBEC J0G1K0</i>	
AREA CODE & TELEPHONE NO. <i>(b) (6), (b) (7)(C)</i>	AREA CODE & TELEPHONE NO. <i>450 788 2490</i>	

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

- Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs. Horses are able to walk unassisted.
- Foals are older than 8 months of age. Horses are not blind in both eyes.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE						SEX			BRANDS Tattoos, etc	REMARKS: include existing conditions
		Bay	Gray	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Misc	Stat	Gold				
<i>USN</i>	<i>(b) (6), (b) (7)(C)</i>					<i>b</i>					<i>Belg</i>			<i>b</i>					<i>BLIND LEFT EYE</i>
				<i>b</i>							<i>STO</i>			<i>b</i>			<i>LIP BRAND</i>	<i>(b) (6), (b) (7)(C)</i>	
		<i>b</i>									<i>STO</i>			<i>b</i>			<i>BRAND</i>		
						<i>BRN</i>					<i>STO</i>			<i>b</i>					
						<i>b</i>				<i>Belg</i>				<i>b</i>					
						<i>BRN</i>					<i>STO</i>			<i>b</i>			<i>BRAND</i>		
		<i>b</i>									<i>STO</i>			<i>b</i>			<i>BRAND</i>		
						<i>b</i>					<i>STO</i>			<i>b</i>					
						<i>BRN</i>					<i>STO</i>			<i>b</i>			<i>BRAND</i>		
						<i>BRN</i>					<i>STO</i>			<i>b</i>			<i>BRAND</i>	<i>(b) (6), (b) (7)(C)</i>	
						<i>BRN</i>					<i>STO</i>			<i>b</i>			<i>BRAND</i>		
						<i>BRN</i>					<i>STO</i>			<i>b</i>			<i>BRAND</i>		
						<i>BRN</i>					<i>STO</i>			<i>b</i>			<i>BRAND</i>		
						<i>b</i>					<i>STO</i>			<i>b</i>			<i>BRAND</i>		
						<i>BRN</i>					<i>STO</i>			<i>b</i>			<i>BRAND</i>		

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

SIGNATURE
(b) (6), (b) (7)(C)

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

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)
(b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. *FC*
DATE *08/01/2019*
TIME _____

DIRECCION GENER 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, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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

WERE LOADED ON CONVEYANCE

(b) (6), (b) (7)(C)

6:30 AM

(b) (6), (b) (7)(C)

OHIO

VEHICLE NUMBER AND DRIVER'S NAME

(b) (6), (b) (7)(C)

NAME OF AUCTION

(b) (6), (b) (7)(C)

CONSIGNEE (OWNER/SHIPPER)

(b) (6), (b) (7)(C)

CONSIGNEE (RECEIVER/DESTINATION) NAME

VIANNE RICHELIEU

STREET

(b) (6), (b) (7)(C)

STREET ADDRESS

595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE

(b) (6), (b) (7)(C)

OHIO

(b) (6), (b) (7)(C)

CITY, STATE, ZIP CODE

MASSENEVILLE, QUEBEC J0G1K0

AREA CODE AND TELEPHONE NO.

(b) (6), (b) (7)(C)

AREA CODE & TELEPHONE NO.

450 788 2490

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

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

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	TAG NO	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
		Bay	Grey	Blk	Pinto	Chest	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold				
1	(b) (6), (b) (7)(C)						BRN					STO						BRAND	(b) (6), (b) (7)(C)
2							BRN					STO						BRAND	
3		b										STO						BRAND	
4		b										STO							
5							BRN					STO						LIP-	BLIND LEFT EYE
6							BRN					STO						BRAND	
7							BRN					STO						BRAND	(b) (6), (b) (7)(C)
8				b								STO						BRAND	(b) (6), (b) (7)(C)
9		b										STO						BRAND	
10							BRN					STO						BRAND	
11				b								STO						BRAND	
12							BRN					STO						BRAND	
13		b										STO						BRAND	(b) (6), (b) (7)(C)
14							BRN					STO						BRAND	
15							BRN					STO						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), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST

76

DATE

08/01/2019

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)

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

(b) (6), (b) (7)(C)

EST

DATE

TIME



Equine Welfare Alliance

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FORM APPROVED
OMB NO.
0579-0160

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

	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	USNM	(b) (6), (b) (7) (C)	X									STO		b				BRAND	
17							BRN					STO		b				BRAND	(b) (6), (b) (7)(C)
18			b									STO					b		
19							BRN					STO		b				BRAND	
20			b									STO					b	BRAND	(b) (6), (b) (7)(C)
21			b									STO					b		
22							BRN					STO					b		
23			b									STO					b	BRAND	
24							BRN					STO					b		
25							BRN					STO					b		
26							WHITE			Perch							b		
27			b									STO		b					
28				b								STO		b					
29			b									STO		b					
30			b									STO					b		
31																			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b) (6), (b) (7)(C)

**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 <i>0600</i>	DATE <i>01/10/19</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>(b) (6), (b) (7)(C) OHIO</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME <i>(b) (6), (b) (7)(C)</i>		NAME OF AUCTION/MARKET <i>(b) (6), (b) (7)(C)</i>
CONSIGNOR (OWNER) <i>(b) (6), (b) (7)(C)</i>		CONSIGNEE (RECEIVER/DESTINATION) NAME <i>VIANOE RICHELIEU</i>
STREET ADDRESS <i>(b) (6), (b) (7)(C)</i>		STREET ADDRESS <i>595 RUE ROYALE C.P.101</i>
CITY, STATE <i>(b) (6), (b) (7)(C) OHIO (b) (6), (b) (7)(C)</i>		CITY, STATE, ZIP CODE <i>MASSENEVILLE, QUEBEC J0G1K0</i>
AREA CODE & TELEPHONE NO. <i>(b) (6), (b) (7)(C)</i>		AREA CODE & TELEPHONE NO. <i>450 788 2490</i>

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

Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs. Horses are able to walk unassisted.

Foals are older than 6 months of age. Horses are not blind in both eyes.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
		Bay	Grey	Blk	Pinto	Chest	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold				
<i>HSN</i>	<i>(b) (6), (b) (7)(C)</i>					<i>b</i>			<i>b</i>					<i>b</i>					
								<i>BRN</i>					<i>STO</i>	<i>b</i>					
				<i>b</i>					<i>b</i>				<i>STO</i>	<i>b</i>					
								<i>BRN</i>					<i>STO</i>		<i>b</i>		<i>BRAND</i>		
								<i>BRN</i>	<i>b</i>						<i>b</i>				
								<i>BRN</i>					<i>STO</i>		<i>b</i>				
				<i>b</i>									<i>STO</i>	<i>b</i>					
								<i>BRN</i>					<i>STO</i>		<i>b</i>		<i>BRAND</i>		
								<i>b</i>	<i>b</i>				<i>STO</i>	<i>b</i>			<i>BRAND</i>		
				<i>b</i>									<i>STO</i>	<i>b</i>					
						<i>BLK WHIT</i>							<i>PRIN</i>	<i>b</i>					
				<i>b</i>					<i>b</i>				<i>STO</i>	<i>b</i>					
								<i>b</i>					<i>b</i>						

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE <i>(b) (6), (b) (7)(C)</i>	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST: <i>076</i> DATE: <i>11-01-19</i> TIME: <i>7:00</i>
SIGNATURE <i>(b) (6), (b) (7)(C)</i>	
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.) <i>(b) (6), (b) (7)(C)</i>	

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

	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 MA	(b) (6), (b) (7)(C)					b									b				
17					b											STO b				
18								BRN								b				
19			b													b				
20			b													b				
21			b													STO b				
22								BRN								STO b			BRAND	
23								CHESTN WHT								STO b			(b) (6), (b) (7)(C)	
24			b													STO b			BRAND	
25			b													STO b				
26			b													STO b				
27					b											STO b				
28								DARK X								b				
29								BLK WHT									STO b			BRAND
30			b													STO b				
31																STO b				
32																STO b				
33			b													STO b			LIP-	
34			b													STO b				
35					b											STO 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.)

(b) (6), (b) (7)(C)

**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.

#001
FORM
APPROVED
OMB NO.
0579-0160
L043190

TIME HORSES LOADED ON CONVEYANCE 11:00 AM	DATE 10-01-2019	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE (b) (6), (b) (7)(C) Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME (b) (6), (b) (7)(C)	NAME OF AUCTION/MARKET (b) (6), (b) (7)(C)	
CONSIGNOR (OWNER/SHIPPER) NAME (b) (6), (b) (7)(C)	CONSIGNEE (RECEIVER/DESTINATION) NAME Viande Richelieu Meat Inc.	
STREET ADDRESS (b) (6), (b) (7)(C)	STREET ADDRESS 595 Rue Royale	
CITY, STATE, ZIP CODE (b) (6), (b) (7)(C) Pa. (b) (6), (b) (7)(C)	CITY, STATE, ZIP CODE Massueville, QU, Canada	
AREA CODE & TELEPHONE NO. (b) (6), (b) (7)(C)	AREA CODE & TELEPHONE NO. 450-788-2490	

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

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

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Bk.	Pinto	Chestn	Other	TB	QT	Drall	Pony	Other	Mare	Stal	Geld			
1	(b) (6), (b) (7)(C)		X										SN				X		
2					X								SN				X		
3			X										SN				X		
4			X										SN				X		
5			X							X							X		
6					X								CB	X					
7			X										SN				X		
8			X							X							X		
9					X									X					
10									500	X							X		
11			X							X							X		
12					X					X							X		
13			X							X							X		
14			X							X							X		
15			X							X							X		

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

SIGNATURE

(b) (6), (b) (7)(C)

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

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

(b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076
DATE 11-01-19
TIME 10H45

DIRECCION GENERAL DE INSPECCION EN
FRONTERAS

EST.
DATE
TIME



Equine Welfare Alliance

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

(Please type or print in ink)

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

#001
FORM
APPROVED
OMB NO.
0579-0160
L043190

usmy	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld		
16	(b) (6), (b) (7) (C)		X										SN			X		
17			X										SN	X				
18			X										SN	X				
19			X										SN	X				
20			X										SN	X				
21			X										SN			X		
22			X										SN			X		
23			X										SN			X		
24							X						CB			X		
25			X										SN			X		
26			X										SN	X				
27			X										SN	X				
28			X										SN	X				
29								Sox		X						X		
30								Sox		X						X		
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SIGNATURE (b) (6), (b) (7)(C) 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)

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FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE
0600

DATE
01-14-19

CITY AND STATE (b) (6), (b) (7)(C) WERE LOADED ON CONVEYANCE
ONIO

VEHICLE LICENSE NO. AND DRIVER'S NAME
(b) (6), (b) (7)(C)

NAME OF AUCTION/MARKET (b) (6), (b) (7)(C)

CONSIGNOR (OWNER/SHIPPER) (b) (6), (b) (7)(C)

CONSIGNEE (RECEIVER/DESTINATION) NAME
VIANDE RICHELIEU

STREET ADDRESS (b) (6), (b) (7)(C)

STREET ADDRESS
595 RUE ROYALE C.P.101

CITY, STATE (b) (6), (b) (7)(C) ONIO (b) (6), (b) (7)(C)

CITY, STATE, ZIP CODE
MASSELEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO. (b) (6), (b) (7)(C)

AREA CODE & TELEPHONE NO.
450 788 2490

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS (include existing conditions)	
		Bay	Gray	Blk.	Pinto	Chestn	Other	TB	DT	Draft	Pony	Other	Mare	Stall	Gold				
450N	(b) (6), (b) (7)(C)						PAL		b					b					
									b					b					
									b					b					
							DUN		b					b					
									b					b					
									b					b					
									b					b					
									b					b					
									b					b					SCAR LEFT REAR ANKLE BLIND LEFT EYE
						DUN WHT			b				PAL	b					
									b				STO						LIP-
									b				STO						
									b					b					
									b				STO						LIP-

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 076
DATE 15-01-19
TIME 11H30

SIGNATURE (b) (6), (b) (7)(C)

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



Equine Welfare Alliance

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)
(b) (6), (b) (7)(C)

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

	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	USAN	(b) (6), (b) (7) (C)						BRN												
17			b																	
18								PRC												
19								BRN				STO								
20							OWN WHT					PAINT						BRAND	(b) (6), (b) (7) (C)	
21			b									STO						BRAND		
22								BRN				STO								LIP
23								BRN				STO								
24								RED ROAN												
25			b									STO								
28								WHITE				PERCH								
27								BRN											BRAND	
28			b																BRAND	
29					b															LARGE RIGHT REAR ANKLE
30								BRN											BRAND	
31												BELL								
32																				
33																				
34																				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b) (6), (b) (7) (C)

**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 8 min. per response, including the time for reviewing instructions, 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 <i>0630</i>	DATE <i>01/14/2019</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>(b) (6), (b) (7)(C) OHIO</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME <i>(b) (6), (b) (7)(C)</i>	NAME OF AUCTION/MARKET <i>(b) (6), (b) (7)(C)</i>	
CONSIGNOR (OWNER) <i>(b) (6), (b) (7)(C)</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>VIANDE RICHELIEU</i>	
STREET ADDRESS <i>(b) (6), (b) (7)(C)</i>	STREET ADDRESS <i>595 RUE ROYALE C.P.101</i>	
CITY, STATE <i>(b) (6), (b) (7)(C) OHIO (b) (6), (b) (7)(C)</i>	CITY, STATE, ZIP CODE <i>MASSENEVILLE, QUEBEC J0G1K0</i>	
AREA CODE & TELEPHONE NO. <i>(b) (6), (b) (7)(C)</i>	AREA CODE & TELEPHONE NO. <i>450 788 2490</i>	

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

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

TAG NO	TAG PREFIX	Tag NO	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS include existing conditions	
			Bay	Gray	Blk	Pinto	Chesti	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold				
1	USN	(b) (6), (b) (7)(C)			b							b				b				
2																b				
3																				
4																				
5																				
6																				
7																				
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12																				
13																				
14																				
15																				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE <i>(b) (6), (b) (7)(C)</i>	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. <i>076</i>
SIGNATURE <i>(b) (6), (b) (7)(C)</i>	DATE <i>15-01-19</i>
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).	TIME <i>10h30</i>
SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.) <i>(b) (6), (b) (7)(C)</i>	DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
	EST. _____
	DATE _____
	TIME _____
	 Equine Welfare Alliance

**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 (b) (6), (b) (7)(C) 00 DATE 01-17-19 CITY AND STATE WHERE LOADED ON CONVEYANCE (b) (6), (b) (7)(C) OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME (b) (6), (b) (7)(C) NAME OF AUCTION/MARKET (b) (6), (b) (7)(C)

CONSIGNOR (OWNER) (b) (6), (b) (7)(C) CONSIGNEE (RECEIVER/DESTINATION) NAME VIANDE RICHELIEU

STREET ADDRESS (b) (6), (b) (7)(C) STREET ADDRESS 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE (b) (6), (b) (7)(C) OHIO (b) (6), (b) (7)(C) CITY, STATE, ZIP CODE MASSELEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO. (b) (6), (b) (7)(C) AREA CODE & TELEPHONE NO. 450 788 2490

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
		Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld				
1	LSN					b						MULE	b						
2						b						STO	b					LIP-	
3						b						STO	b					LIP-	
4							BRN					STO	b					LIP-	
5						b			b							b			
6		b										STO	b					LIP-	
7							BRN			b						b			
8						b				b						b			
9							BRN			b						b			
10						CHESTN WHT						PAINT	b						
11						BRN WHT						PAINT				b			
12							PRK			b						b			
13							BCK WHT					APP	b						
14							BRN WHT					APP	b						LARGE RIGHT REAR ANKLE
15						CHESTN WHT						PAINT	b						

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

SIGNATURE (b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 76
DATE 2019/01/13
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.) (b) (6), (b) (7)(C)

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

Equine Welfare Alliance 

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

FORM APPROVED
OMB NO.
0579-0160


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

TIME HORSES LOADED ON CONVEYANCE 0600	DATE 01-17-19	CITY AND STATE OHIO	WHERE LOADED ON CONVEYANCE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME (b) (6), (b) (7)(C)		NAME OF AUCTION/MARKET (b) (6), (b) (7)(C)	
CONSIGNOR (OWNER) (b) (6), (b) (7)(C)		CONSIGNEE (RECEIVER/Destination) NAME VIANDE RICHELTEH	
STREET (b) (6), (b) (7)(C)		STREET ADDRESS 595 RUE ROYALE C.P.101	
CITY, STATE OHIO (b) (6), (b) (7)(C)		CITY, STATE, ZIP CODE MASSENEVILLE, QUEBEC J0G1K0	
AREA CODE & TELEPHONE NO. (b) (6), (b) (7)(C)		AREA CODE & TELEPHONE NO. 450 788 2490	

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

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

TAG PREFIX	Tag NO	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Includes existing conditions
		Bay	Gray	Blk.	Plino	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	(b) (6), (b) (7)(C)	b										STO				b	BRAND (b) (6), (b) (7)(C)	
2	(b) (6), (b) (7)(C)	b										STO				b	BRAND	
3	(b) (6), (b) (7)(C)	b										STO				b	BRAND	
4	(b) (6), (b) (7)(C)	b										STO				b	BRAND	
5	(b) (6), (b) (7)(C)	b										STO	b			b	BRAND (b) (6), (b) (7)(C)	
6	(b) (6), (b) (7)(C)	b										STO				b		LARGE LEFT KNEE
7	(b) (6), (b) (7)(C)	~~~~~																
8	(b) (6), (b) (7)(C)							BRN				STO	b				BRAND	(b) (6), (b) (7)(C)
9	(b) (6), (b) (7)(C)	b										STO	b				BRANDS	(b) (6), (b) (7)(C)
10	(b) (6), (b) (7)(C)							b		b						b		
11	(b) (6), (b) (7)(C)							BRN				STO	b				BRAND (b) (6), (b) (7)(C)	
12	(b) (6), (b) (7)(C)	~~~~~																
13	(b) (6), (b) (7)(C)							b				STO	b				LIP-BRAND	(b) (6), (b) (7)(C)
14	(b) (6), (b) (7)(C)							BRN				STO	b				BRAND (b) (6), (b) (7)(C)	
15	(b) (6), (b) (7)(C)							BLK WHT				PAINT				b		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE (b) (6), (b) (7)(C)	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST 76 DATE 2019/01/18 TIME _____
SIGNATURE (b) (6), (b) (7)(C)	DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)  EST _____ DATE _____ TIME _____ Equine Welfare Alliance
I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).	
SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge) (b) (6), (b) (7)(C)	

**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 #002
APPROVED
OMB NO.
0579-0160
L043191

TIME HORSES LOADED ON CONVEYANCE <u>11:00 am</u>	DATE <u>11/11/19</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>(b) (6), (b) (7)(C) Pa.</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME <u>(b) (6), (b) (7)(C)</u>		NAME OF AUCTION/MARKET <u>(b) (6), (b) (7)(C)</u>
CONSIGNOR (OWNER/SHIPPER) NAME <u>(b) (6), (b) (7)(C)</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Viande Richelieu Meat Inc.</u>
STREET ADDRESS <u>(b) (6), (b) (7)(C)</u>		STREET ADDRESS <u>595 Rue Royale</u>
CITY, STATE, ZIP CODE <u>(b) (6), (b) (7)(C) Pa. (b) (6), (b) (7)(C)</u>		CITY, STATE, ZIP CODE <u>Massueville, QU, Canada</u>
AREA CODE & TELEPHONE NO. <u>(b) (6), (b) (7)(C)</u>		AREA CODE & TELEPHONE NO. <u>450-788-2490</u>

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

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

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS (Include existing conditions)			
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QI	Draft	Pony	Other	Mare	Stal	Geld						
1	(b) (6), (b) (7)(C)		X																			
2																						OFF
3						X																
4																						
5			X																			
6					X																	
7			X																			
8																						
9						X																
10						X																
11						X																
12						X																
13			X																			
14																						
15																						

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

SIGNATURE (b) (6), (b) (7)(C)

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

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

(b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76
DATE 2019/01/10
TIME _____

DIRECCION GENERAL
FRONTER,

EST. _____
DATE _____
TIME _____



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

(Please type or print in ink)

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

#002
FORM APPROVED
OMB NC.
0579-0160
L043191

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld			
16	(b) (6), (b) (7)(C)					X				X						X			
17										X						X			
18										X						X			
19						X				X				X					
20						X				X						X			
21										X				X					
22										X						X			
23						X				X				X					
24			X							X				X					
25			X							X				X					
26						X				X				X					
27										X						X			
28										X						X			
29										X				X					
30										X				X					
31																			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)

(b) (6), (b) (7)(C)

**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: 1000
DATE: 01/21/2019
CITY AND STATE: [REDACTED] OHIO
WERE LOADED ON CONVEYANCE: [REDACTED]
VEHICLE LICENSE NO. AND DRIVER'S NAME: [REDACTED]
NAME OF AUCTION: [REDACTED]
CONSIGNOR (OWNER): [REDACTED]
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: MASSENEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 450 788 2490

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
		Bay	Grey	Blk.	Pinto	Chest	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold				
1	[REDACTED]						BRN					STO				b		BRAND	BLIND RIGHT EYE
2	[REDACTED]	b										STO				b		BRAND	
3	[REDACTED]			b								STO				b		BRAND	
4	[REDACTED]						BRN					STO				b			
5	[REDACTED]	b										STO				b		BRAND	BLIND RIGHT EYE
6	[REDACTED]	b										STO				b		[REDACTED]	
7	[REDACTED]						BRN					STO				b		BRAND	
8	[REDACTED]						BRN					STO				b			
9	[REDACTED]			b								STO				b			
10	[REDACTED]	b										STO				b		BRAND	
11	[REDACTED]						BRN					STO				b			
12	[REDACTED]						BRN					STO				b		BRAND	
13	[REDACTED]	b										STO				b			
14	[REDACTED]	b										STO				b			
15	[REDACTED]						BRN					STO				b		BRAND	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST: [REDACTED]
DATE: 03-01-2019
TIME: 7:50

DIRECCION GENERAL FRONTERAS (DGIF)
EST: [REDACTED]
DATE: [REDACTED]
TIME: [REDACTED]

Equine Welfare Alliance 

**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: 10 AM
DATE: 1-21-19
CITY AND STATE WHERE LOADED ON CONVEYANCE: [REDACTED] OHIO
NAME OF AUCTION/MARKET: [REDACTED]
CONSIGNOR (OWNER): [REDACTED]
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: MASSENEVILLE, QUEBEC J0G1K0
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 8 months of age.
 Horses are able to bear weight on all 4 limbs.
 Horses are not blind in both eyes.
 Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
		Bay	Grey	Blk.	Pinto	Chest	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld				
1	[REDACTED]																		
2	[REDACTED]																		
3	[REDACTED]																		
4	[REDACTED]																		
5	[REDACTED]					CHESTN WHT													
6	[REDACTED]																		
7	[REDACTED]																		
8	[REDACTED]																		
9	[REDACTED]																		
10	[REDACTED]																	BRAND [REDACTED]	
11	[REDACTED]																		
12	[REDACTED]																		
13	[REDACTED]																		
14	[REDACTED]																		BRAND [REDACTED]
15	[REDACTED]																		

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


SIGNATURE: [REDACTED]

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

SIGNATURE OF OWNER/SHIPPER: [REDACTED] 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: FE
DATE: 21 JAN. 2019
TIME: _____

DIRECCION GENER. FRONTERAS (DGIF)
EST: _____
DATE: _____
TIME: _____


Equine Welfare Alliance

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

FORM APPROVED
OMB NO.
0579-0160

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX		BRANDS Tattoos, etc.	REMARKS include precondition		
		Bay	Gray	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Gold	
USNA	(b) (6), (b) (7)(C)					b												CROOKED RIGHT FRONT HOOF
						b												
18						b											BRAND	(b) (6), (b) (7)(C)
19					CHESTN WHT							PAINT						
20					BAY WHT							PAINT						
21							DDN											
22						b											BRAND	(b) (6), (b) (7)(C)
23					DARK													
24																		
25																		
26																		
27					CHESTN WHT							PAINT						
28					CHESTN WHT							PAINT						
29					BAY WHT							PAINT						
30					CHESTN WHT							PAINT						
31												STG					LIP	
32																		BLIND RIGHT EYE
33						DARK												
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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43																		
44																		
45																		



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

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

(b) (6), (b) (7)(C)

**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

10 AM

DATE

7-21-19

CITY AND STATE WHERE LOADED ON CONVEYANCE

OHIO

NAME OF AUCTIONEER

(b) (6), (b) (7)(C)

CONSIGNEE (OWNER/SHIPPER) NAME

(b) (6), (b) (7)(C)

CONSIGNEE (RECEIVER/DESTINATION) NAME

VIANDE RICHELIEU

STREET ADDRESS

(b) (6), (b) (7)(C)

STREET ADDRESS

595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE

(b) (6), (b) (7)(C)

OHIO

(b) (6), (b) (7)(C)

CITY, STATE, ZIP CODE

MASSENEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.

(b) (6), (b) (7)(C)

AREA CODE & TELEPHONE NO.

450 788 2490

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

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

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Gray	Blk.	Pinto	Chestn	Other	TB	OT	Drill	Pony	Other	Male	Stal	Gold			
1	USM																	
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

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

SIGNATURE

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 15.01.2013

DATE 7.02

TIME

DIRECCION GENERAL
FRONTERAS (DGIF)

EST.

DATE

TIME



Equine Welfare Alliance

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0180

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE

WERE LOADED ON CONVEYANCE

2600
VEHICLE LICENSE NO. AND DRIVER'S NAME

01/24/2019

(b) (6), (b) (7)(C) ONIO
NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER)

(b) (6), (b) (7)(C)
CONSIGNEE (RECEIVER) VIANNE RICHELIEU

STREET ADDRESS

STREET ADDRESS 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE MASSENEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO. 450 788 2490

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

- Pregnant mares are not likely to foal (give birth) during the trip.
- 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	Gray	Blk.	Pinto	Chesn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
LS10M	(b) (6), (b) (7)(C)						BRN					STO				b	BRAND LIP	
															b			
															b			
															b			
							BRN					STO			b		BRAND (b) (6), (b) (7)(C)	
												STO			b		BRAND (b) (6), (b) (7)(C)	
												STO			b		BRAND (b) (6), (b) (7)(C)	
												STO			b		LIP	
												STO			b			
															b		BRAND (b) (6), (b) (7)(C)	
															b		BRAND (b) (6), (b) (7)(C)	
							BRN					STO			b		LIP	
												STO			b		LIP	
															b			

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 78
DATE 25 JAN 2019
TIME

SIGNATURE

DIRECCION GENE
FRONTERAS (DGII)

EST.
DATE
TIME
Equine Welfare Alliance

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

(b) (6), (b) (7)(C)

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

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

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6 AM DATE: 1-24-19 CITY AND STATE: OHIO WERE LOADED ON CONVEYANCE

VEHICLE: (b) (6), (b) (7)(C) NAME OF AUCTION: (b) (6), (b) (7)(C)

CONSIGNOR (OWNER): (b) (6), (b) (7)(C) CONSIGNEE (RECEIVER/DESTINATION) NAME: VANDE RICHARDIEU

STREET ADDRESS: (b) (6), (b) (7)(C) STREET ADDRESS: 595 RUE ROYALE 101

CITY, STATE, ZIP CODE: (b) (6), (b) (7)(C) OHIO (b) (6), (b) (7)(C) CITY, STATE, ZIP CODE: MASSENVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: (b) (6), (b) (7)(C) AREA CODE & TELEPHONE NO.: 450 7882490

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

Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs. Horses are able to walk unassisted.

Foals are older than 6 months of age. Horses are not blind in both eyes.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS, Tattoos, etc.	REMARKS (include existing conditions)	
		Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold				
1	<u>(b) (6), (b) (7)(C)</u>					<u>DARK</u>					<u>STO</u>					<u>b</u>		<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
2	<u>(b) (6), (b) (7)(C)</u>		<u>b</u>								<u>STO</u>					<u>b</u>		<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
3	<u>(b) (6), (b) (7)(C)</u>		<u>b</u>							<u>b</u>					<u>b</u>			<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
4	<u>(b) (6), (b) (7)(C)</u>		<u>b</u>								<u>STO</u>					<u>b</u>		<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
5	<u>(b) (6), (b) (7)(C)</u>		<u>b</u>								<u>STO</u>					<u>b</u>		<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
6	<u>(b) (6), (b) (7)(C)</u>						<u>BRN</u>				<u>STO</u>					<u>b</u>		<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
7	<u>(b) (6), (b) (7)(C)</u>		<u>b</u>								<u>STO</u>					<u>b</u>		<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
8	<u>(b) (6), (b) (7)(C)</u>		<u>b</u>								<u>STO</u>					<u>b</u>		<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
9	<u>(b) (6), (b) (7)(C)</u>		<u>b</u>								<u>STO</u>					<u>b</u>		<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
10	<u>(b) (6), (b) (7)(C)</u>		<u>b</u>								<u>STO</u>					<u>b</u>		<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
11	<u>(b) (6), (b) (7)(C)</u>		<u>b</u>								<u>STO</u>					<u>b</u>		<u>BRAND</u>	<u>(b) (6), (b) (7)(C)</u>
12	<u>(b) (6), (b) (7)(C)</u>					<u>CHESTN WHT</u>					<u>PRWT</u>				<u>STUD</u>	<u>b</u>			
13	<u>(b) (6), (b) (7)(C)</u>					<u>CHESTN WHT</u>					<u>PRWT</u>				<u>b</u>				
14	<u>(b) (6), (b) (7)(C)</u>									<u>b</u>	<u>BELG</u>					<u>b</u>			<u>CROOKED RIGHT FRONT LEG</u>
15	<u>(b) (6), (b) (7)(C)</u>																		

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


SIGNATURE: (b) (6), (b) (7)(C)

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: (b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 76
DATE 2019/01/25
TIME _____

DIRECCION GENE FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____

Equine Welfare Alliance 

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

(Please type or print in Ink)

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

FORM APPROVED
OMB NO.
0579-0160

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
		Bay	Gray	Blk	Pinto	Chasn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USNM	(b) (6), (b) (7)(C)					b									b				
						b									b				
		b														b	BRAND	(b) (6), (b) (7) (C)	
						b									b				
						DARK x									b				
		b										STO				b	LIP		
						DARK x										b			
USNM							WHITE				PERCH					b			
		b										STO			b				
		b										STO			b				
		b										STO				b	BRAND		
		b										STO					BRAND	(b) (6), (b) (7)(C)	
							BRN					STO			b		BRAND		
							BRN					STO			b		BRAND		LARGE LEFT HOOF
	27																		



Equine Welfare Alliance

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SIGNATURE OF OWNER/SHIPPER: (b) (6), (b) (7)(C)

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

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#003
FORM
APPROVED
OMB NO.
0579-0160
L043192

TIME HORSES LOADED ON CONVEYANCE <i>16.00 hrs</i>	DATE <i>24/1/2019</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>(b) (6), (b) (7)(C) Pa.</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME <i>(b) (6), (b) (7)(C)</i>	NAME OF AUCTION/MARKET <i>(b) (6), (b) (7)(C)</i>	
CONSIGNOR (OWNER/SHIPPER) NAME <i>(b) (6), (b) (7)(C)</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Viande Richelieu Meat Inc.</i>	
STREET ADDRESS <i>(b) (6), (b) (7)(C)</i>	STREET ADDRESS <i>595 Rue Royale</i>	
CITY, STATE, ZIP CODE <i>(b) (6), (b) (7)(C) Pa. (b) (6), (b) (7)(C)</i>	CITY, STATE, ZIP CODE <i>Massueville, QU, Canada</i>	
AREA CODE & TELEPHONE NO. <i>(b) (6), (b) (7)(C)</i>	AREA CODE & TELEPHONE NO. <i>450-788-2490</i>	

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

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

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld				
1	<i>(b) (6), (b) (7)(C)</i>		X											SN			X			
2			X											CB			X			
3			X											SN			X			<i>OFF</i>
4			X											SN	X					
5			X											SN			X			<i>OFF</i>
6									CREAM		X					X				
7						X					X					X				
8			X											SN			X			
9									SOR					MULE	X					
10									SOR					MULE	X					
11									SOR					CB			X			
12			X											CB			X			
13			X											SN			X			
14									SOR		X						X			
15									SOR			X					X			

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

SIGNATURE
(b) (6), (b) (7)(C)

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

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)
(b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. *76*
DATE *25 JAN 2019*
TIME _____

DIRECCION GENERAL
FRONTERA
EST. _____
DATE _____
TIME _____



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

(Please type or print in ink)

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

FORM
APPROVED
OMB NO.
0579-0160
L043192

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	(b) (6), (b) (7) (C)		X							X										OFF
17						X							CB	X						
18							SOR						SB				X			
19			X							X				X						
20			X							X							X			
21							SOR						SN				X			
22							SOR			X				X						
23							R&D Roan			X					X					
24						X				X							X			
25							SOR			X				X						
26							CRAN			X				X						
27			X										SN	X						
28																				
29																				
30																				
31																				
32																				
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SIGNATURE OF OWNER/SHIPPER: I certify that the information contained in this form is true and correct to the best of my knowledge)

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

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FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE 10 AM	DATE 01-28-19	CITY AND STATE [REDACTED] OHIO	HORSES WERE LOADED ON CONVEYANCE
VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED]	NAME OF AUCTION/MARKET [REDACTED]		
CONSIGNOR (OWNER/SHIPPER) NAME [REDACTED]	CONSIGNEE (RECEIVER/DESTINATION) NAME VIANDE RICHELIEU		
STREET ADDRESS [REDACTED]	STREET ADDRESS 595 RUE ROYALE C.P.101		
CITY, STATE, ZIP CODE [REDACTED] OHIO [REDACTED]	CITY, STATE, ZIP CODE MASSÉVILLE, QUÉBEC J0G1K0		
AREA CODE & TELEPHONE NO. [REDACTED]	AREA CODE & TELEPHONE NO. 450 788 2490		

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions.	
		Bay	Grey	Blk.	Pink	Chasin	Other	TB	DT	Draft	Pony	Other	Mare	Stal	Geld				
1	USM						b						STO		STO			LIP-	
2							b								b				
3													STO		b				
4													STO		b				
5							BRK WHT						PAINT		b				
6															b				
7															b				
8							BRK WHT BRK WHT						PAINT		b				
9													PAINT		b				
10															b				
11													STO		b			LIP-	
12			b												b				
13				b									STO		b			BRAND	
14			b										STO		b				
15													STO		b				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE. SIGNATURE: [REDACTED]	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST: 76 DATE: 30.1.2019 TIME: 8:15
	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: [REDACTED] certify that the information contained in this form is true and correct to the best of my knowledge.

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

FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in Ink)

Tag No.	TAG PREFIX	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	USNM						BRN					STO			b			
17		b										STO			b		BRAND	
18							PRC							b				
19						b									b			
20				b								STO		b				
21		b												b				
22						b						STO		b				
23				b											b			
24						b				B46				b				
25				b								STO		b			BRAND	(b) (6), (b) (7)(C)
26		b										STO		b			LIP-	
27		b										STO		b				BLIND RIGHT EYE
28		b										STO		b			BRAND	
29							BRN					STO			b		BRAND	
30																		
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b) (6), (b) (7)(C)

**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: 0615 (b) (6), (b) (7)(C)
DATE: 01-31-19
CITY AND STATE: (b) (6), (b) (7)(C) OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6), (b) (7)(C)
NAME OF AUCTION: (b) (6), (b) (7)(C)
CONSIGNEE (OWNER): (b) (6), (b) (7)(C)
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: MASSENEVILLE (QUEBEC) J0G1K0
AREA CODE & TELEPHONE NO: 450 788 2490

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

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

TAG PREFIX	Tag NO	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS (Include existing conditions)	
		Bay	Grey	Blk	Pinto	Chest	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold				
LSN	(b) (6), (b) (7)(C)					b			b				b						
						b			b				b						
						b			b				b						
						CHSTN WHT			b				PAINT	b					SEAR, RIGHT BEAR LEG
		b				b			b				b						
						b			b				STO	b			LIP—		
						b			b				b						
		b				b			b				b						
						b			b				STO	b					
									BRN				STO	b			LIP—		
		b				b			b				STO	b			BRAND		
		b				b			b				STO	b					
		b				b			b				STO	b					
		b				b			b				b						
									BRN				b						

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE. (b) (6), (b) (7)(C)

SIGNATURE: (b) (6), (b) (7)(C)

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

SIGNATURE OF OWNER/SHIPPER: I certify that the information contained in this form is true and correct to the best of my knowledge. (b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 76
DATE 01-02-2019
TIME 10:05

DIRECCION GENE FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____
Equine Welfare Alliance

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

FORM APPROVED
OMB NO.
0579-0160

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draht	Pony	Other	Mare	Stal	Geld			
16	WSNM					b							b					
17				b									b					
18																b		LAME FRONT ANKLES
19						b							b					
20													b					
21													b					
22													b					
23						b							b					
24													b					
25													b					
26													b					
27						b							b					
28																b		
29																b		
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Equine Welfare Alliance

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

(b) (6), (b) (7)(C)

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 .29 hours per response, 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

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

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

TIME HORSES LOADED ON CONVEYANCE 6:00 AM	DATE 1-31-19	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE (b) (6), (b) (7)(C) VT
VEHICLE LICENSE NO. AND DRIVERS NAME (b) (6), (b) (7)(C)	NAME OF AUCTION/MARKET VANDERKAM	
CONSIGNOR (OWNER/SHIPPER) NAME (b) (6), (b) (7)(C)	CONSIGNEE (RECEIVER/DESTINATION) NAME VanderKam Inc	
STREET ADDRESS (b) (6), (b) (7)(C)	STREET ADDRESS 595 rue Royale	
CITY, STATE, AND ZIP CODE (b) (6), (b) (7)(C) VT (b) (6), (b) (7)(C)	CITY, STATE, AND ZIP CODE MORSEVILLE VT 05648	
AREA CODE AND TELEPHONE NO. (b) (6), (b) (7)(C)	AREA CODE AND TELEPHONE NO.	

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

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

	TAG PREFIX	TAG NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions.	
			Bay	Grey	Blk.	Pink	Chest.	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld				
1.	USHA	(b) (6), (b) (7)(C)					✓													(b) (6), (b) (7)(C)
2.	USHA						✓													
3.	USHA																			
4.	USHA																			
5.	USHA						✓													
6.	USHA																			
7.	USHA						✓													
8.	USHA						✓													
9.	USHA																			
10.	USHA		✓																	
11.	USHA						✓													
12.																				
13.																				
14.																				
15.																				

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

SIGNATURE (b) (6), (b) (7)(C)

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

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)
(b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 70
DATE 01-02-2019
TIME 11-00

DIRECCION GENERAL D FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____



Equine Welfare Alliance

**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.

#005
FORM APPROVED
OMB NO.
0579-0160
L043195

TIME HORSES LOADED ON CONVEYANCE

DATE

11:00 Am

3/11/2019

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

(b) (6), (b) (7)(C) Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME

(b) (6), (b) (7)(C)

NAME OF AUCTION/MARKET

(b) (6), (b) (7)(C)

CONSIGNOR (OWNER/SHIPPER) NAME

(b) (6), (b) (7)(C)

CONSIGNEE (RECEIVER/DESTINATION) NAME

Viande Richelieu Meat Inc.

STREET ADDRESS

(b) (6), (b) (7)(C)

STREET ADDRESS

595 Rue Royale

CITY, STATE, ZIP CODE

(b) (6), (b) (7)(C)

Pa.

(b) (6), (b) (7)(C)

CITY, STATE, ZIP CODE

Massueville, QU. Canada

AREA CODE & TELEPHONE NO.

(b) (6), (b) (7)(C)

AREA CODE & TELEPHONE NO.

450-788-2490

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

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

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld				
1	(b) (6), (b) (7)(C)					X				X					X					
2					X					X					X					
3										X										
4										X										
5										X										
6						X				X										
7										X					X					
8			X											SN					X	
9			X							X									X	
10			X											SN					X	
11					X					X					X					
12										X					X					
13										X									X	
14										X									X	
15										X									X	

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

(b) (6), (b) (7)(C)

SIGNATURE

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

(b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76
DATE 01-2-2019
TIME 8:00

DIRECCION GENERAL D
FRONTERAS

EST.
DATE
TIME



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

(Please type or print in ink)

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

#005
FORM
APPROVED
OMB NO.
0579-0160
L0431195

USMY

Tag NO.	COLOR DESCRIPTION								BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
	Bay	Grey	Blk.	Pinto	Chasni	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16			X									SN		X				
17							SCR		X					X				
18	X								X					X				
19	X								X					X				
20	X								X				X					
21			X						X				X					
22							SCR		X				X					
23	X								X				X					
24							BZ BCH		X					X				
25	X								X			SN		X				
26	X								X				X					
27			X						X				X					
28					X				X					X				
29																		
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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to the best of my knowledge)

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office
 Phone 717-540-2770
 Import vapspsa@aphis.usda.gov

Control Number: 20421900711
 Office Id: APVSFX2042

Export vapspsa@aphis.usda.gov

Service Date(s)
 Begin: 07-JAN-19
 End: 07-JAN-19

(b) (6), (b) (7)(C)
 [Redacted]

PA (b) (6), (b) (7)(C)
 [Redacted]

Reference NR: L043189

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Hc	9XVSPX2042VSIINPEXEXPTFX2042	56.00	1.00	56.00

Total Due \$ 56.00

Remarks: L043189

Payment Information

Nfc Id
 [Redacted]

Date	Amount	Payment Type	Account/Check #
07-JAN-19	\$ 56.00	Check	(b) (6), (b) (7)(C) [Redacted]

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), which 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) (b) (6), (b) (7)(C)	2. CERTIFICATE NO. FROM VS FORM 17-140 L043189 L043188	3. PAGE NO. #001 2 of 2
15. CONSIGNEE'S NAME Viande Richelieu Meat Inc.		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 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 (TA)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	CERTIFIED BRUCELLOSIS FREE AREA					DATE	DATE	DATE	
						H	VAC	1/25	1/50	1/100				M
USMY	(b) (6), (b) (7)(C)	S	F	SN	BA4	-	STAR							
	(b) (6), (b) (7)(C)	11	F	SN	BA4	-								
	(b) (6), (b) (7)(C)	10	N	SN	BA4	-	STAR	1 HL	Footlock					
	(b) (6), (b) (7)(C)	8	N	SN	BA4	-	STAR	2 F	RHL	Footlock				
	(b) (6), (b) (7)(C)	10	N	SN	BA4	-	STAR	SNIP	RHL	LHL	Footlock			



1. All states in which the animals reside in the past twenty one days were free from clinical and epidemiological evidence of vesicular stomatitis.

2. In the past twenty one days the horses in this shipment have not been in the states of Texas, New Mexico, Arizona, Utah.

3. The animals were inspected by **(b) (6), (b) (7)(C)** within thirty days preceding the date of importation.

4. The animals were found by **(b) (6), (b) (7)(C)** to be free from any communicable disease.

5. The animals were to the best of the knowledge and belief of **(b) (6), (b) (7)(C)** not exposed to any communicable disease within sixty days preceding the date of inspection.

6. The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

7. 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 refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals has an infirmity illness injury or any other condition that could be aggravated when the animals is being transported causing the animal to suffer.

9. The animals has reside in the United States or Canada since birth.

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 CONSIGNEE'S NAME (Last name, first name, middle initial or business name) (b) (6), (b) (7)(C)	2. CERTIFICATE NO. FROM VS FORM 17-140 L043188	3. PAGE NO. #001 2 of 2
15. CONSIGNEE'S NAME Viande Richelieu Meat Inc.		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 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 (TAB) _____
18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCellosis FREE AREA					DATE M	DATE N	DATE O	
							DATE H	VAC I	1/25 J	1/50 K	1/100 L				
USMY	(b) (6), (b) (7)(C)	8	F	SN		Boy	-	STAR							
	(b) (6), (b) (7)(C)	11	F	SN		Boy	-								
	(b) (6), (b) (7)(C)	10	N	SN		Boy	-	STAR	LHL	FETLOCK					
	(b) (6), (b) (7)(C)	8	N	SN		Boy	-	STAR	LF	RHL	FETLOCK				
	(b) (6), (b) (7)(C)	10	N	SN		Boy	-	STAR	SMIP	RHL	LHL	FETLOCK			



1. All states in which the animals reside in the past twenty one days were free from clinical and epidemiological evidence of vesicular stomatitis.

2. In the past twenty one days the horses in this shipment have not been in the states of Texas, New Mexico, Arizona, Utah.

3. The animals were inspected by (b) (6), (b) (7)(C) within thirty days preceding the date of importation.

4. The animals were found by (b) (6), (b) (7)(C) to be free from any communicable disease.

5. The animals were to the best of the knowledge and belief of (b) (6), (b) (7)(C) not exposed to any communicable disease within sixty days preceding the date of inspection.

6. The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

7. 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 refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals has an infirmity illness injury or any other condition that could be aggravated when the animals is being transported causing the animal to suffer.

9. The animals has reside in the United States or Canada since birth.

(b) (6), (b) (7)(C)

Phone: (b) (6), (b) (7)(C)
Fax: (b) (6), (b) (7)(C)

EQUINE CERTIFICATION DOCUMENT

(b) (6), (b) (7)(C)

_____ have verified that all equine included on the Export Health Certificate number L0443189 are accompanied with an Equine Information Document properly completed and signed by the owner.

Number of EIDs that accompany the Health Certificate: 23 HORSES

Signature of Accredited Veterinarian

(b) (6), (b) (7)(C)
Sig _____

Date 1/2/19



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

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

#001
FORM
APPROVED
OMB NO.
0579-0160
L043189

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geid			
16	(b) (6), (b) (7)(C)		X									SN				X			
17			X									SN		X					
18			X									SN		X					
19			X									SN		X					
20			X									SN		X					
21			X									SN				X			
22			X									SN				X			
23			X									SN				X			
24																			
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SIGNATURE OF (b) (6), (b) (7)(C) at the information contained in this form is true and correct to the best of my knowledge)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office

Phone 717-540-2770

Import vspsps@aphis.usda.gov

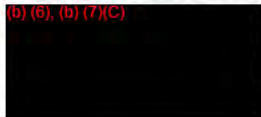
Export vspsps@aphis.usda.gov

Control Number: 20421900722

Office Id: APVSPX2042

Service Date(s)
Begin: 09-JAN-19
End: 09-JAN-19

(b) (6), (b) (7)(C)



PA

(b) (6), (b) (7)(C)



Reference NR: L043190

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	9XVSPX2042VSIINPEXEXPTFX2042	56.00	1.00	56.00

Total Due \$ 56.00

Remarks: L043190 (CA)

Payment Information

Nfc Id

Date	Amount	Payment Type	Account/Check #
09-JAN-19	\$ 56.00	Check	(b) (6), (b) (7)(C)

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



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) (b) (6), (b) (7)(C)

2. CERTIFICATE NO. L043190

3. PAGE NO. 001 OF 2

4. DATE ISSUED 1-9-19

5. U.S. PORT OF EMBARKATION (City and State) (b) (6), (b) (7)(C) Penna.

6. STATE CODE 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) (b) (6), (b) (7)(C)

8. CONSIGNOR'S CITY (or Town) (b) (6), (b) (7)(C)

9. SEMEN (X* if yes)

10. NO. DOSES OF SEMEN

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

12. CONSIGNOR'S STATE Pennsylvania

13. STATE CODE 42

14. ZIP CODE (b) (6), (b) (7)(C)

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)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Viande Richelieu Meat Inc. 505 Rue Royale, Massueville

DESTINATION COUNTRY: Quebec

ENTER CODE: Canada

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		18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, S, C & D on reverse)					18. INDIVIDUAL IDENTIFICATION (continued)					18. INDIVIDUAL IDENTIFICATION (continued)			18. INDIVIDUAL IDENTIFICATION (continued)		
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	
Owner's street address																	A
USMY		(b) (6), (b) (7)(C)	10	N	SN	BAY											STAR - RHL - LHL FETLOCK
		(b) (6), (b) (7)(C)	12	N	SN	BLK											STAR
		(b) (6), (b) (7)(C)	11	N	SN	BAY											RHL - FETLOCK
		(b) (6), (b) (7)(C)	12	N	SN	BAY											STAR - STRIPE - SNIP RF FETLOCK
		(b) (6), (b) (7)(C)	10	N	QH	BAY											STAR - SNIP LHL FETLOCK
		(b) (6), (b) (7)(C)	10	F	CB	BLK											RHL - FETLOCK
		(b) (6), (b) (7)(C)	11	N	SN	BAY											STAR - STRIPE - SNIP RHL PASTERNS LHL FETLOCK
		(b) (6), (b) (7)(C)	11	N	QH	BAY											STAR - SNIP
		(b) (6), (b) (7)(C)	8	F	QH	RLK											STAR - LHL FETLOCK
		(b) (6), (b) (7)(C)	9	F	QH	SOR											STAR - STRIPE
		(b) (6), (b) (7)(C)	8	N	QH	BAY											
		(b) (6), (b) (7)(C)	9	F	QH	PAINT											STAR - STRIPE RF - RHL - LHL PASTERNS
		(b) (6), (b) (7)(C)	10	N	QH	BAY											STAR - STRIPE - SNIP RHL - LHL FETLOCK
		(b) (6), (b) (7)(C)	12	F	QH	BAY											BLAZE - RHL - LHL PASTERNS
		(b) (6), (b) (7)(C)	11	F	QH	BAY											RF - LF CORONET
		(b) (6), (b) (7)(C)	10	N	SN	BAY											
		(b) (6), (b) (7)(C)	11	F	SN	BAY											
		(b) (6), (b) (7)(C)	10	F	SN	BAY											



VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

19. DATE ENDORSED 1/9/19

20. NAME OF ISSUING VETERINARIAN (Type, print, or stamp) (b) (6), (b) (7)(C)

21. STATUS 2 Federal 1 State Accredited

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

23. SIGNATURE OF ENDORSING FEDERAL VETERINARIAN (Type, print, or stamp) (b) (6), (b) (7)(C)

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.

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 CONSIGNEE'S NAME (and name, first name, initials, (last name/business name)) (b) (6), (b) (7)(C)	2. CERTIFICATE NO FROM VS FORM 17-140 L043190	3. PAGE NO #001 2 of 2
16. CONSIGNEE'S NAME Viande Richelieu Meat Inc.		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 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, first 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 M	DATE N	DATE O	
							DATE H	VAC I	1/25 J	1/50 K	1/100 L				
USMY	(b) (6), (b) (7)(C)	8	F	SN		BAY	-	STAR							
		11	F	SN		BAY	-								
		10	N	SN		BAY	-	STAR	LHL	FETLOCK					
		8	N	SN		BAY	-	STAR	RF	RHL	FE+LOCK				
		10	N	SN		BAY	-	STAR	SWIP	RHL	LHL	FETLOCK			
		12	N	CB		CHST	-	STAR							
		10	N	SN		BAY	-	STAR	STRIPE	RHL	Fetlock	LHL	CORONET		
		10	F	SN		BAY	-	RF	CORONET						
		10	F	SN		BAY	-								
		10	F	SN		BAY	-	STAR	SWIP						
		8	N	QH		SOR	-	BLAZE							
		10	N	QH		SOR	-	STAR	STRIPE						



1. All states in which the animals reside in the past twenty one days were free from clinical and epidemiological evidence of vesicular stomatitis.

2. In the past twenty one days the horses in this shipment have not been in the states of Texas, New Mexico, Utah, Arizona.

3. The animals were inspected by (b) (6), (b) (7)(C) within thirty days preceding the date of importation.

4. The animals were found by (b) (6), (b) (7)(C) to be free from any communicable disease.

5. The animals were to the best of the knowledge and belief of (b) (6), (b) (7)(C) not exposed to any communicable disease within sixty days preceding the date of inspection.

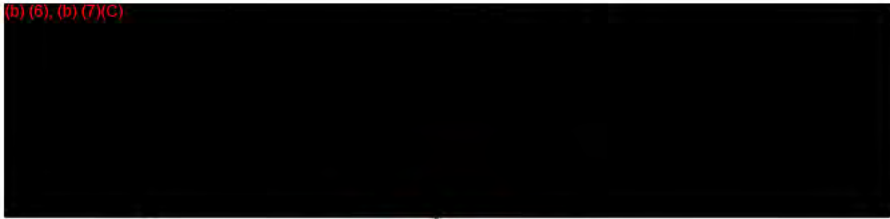
6. The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

7. 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 refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals has an infirmity illness injury or any other condition that could be aggravated when the animals is being transported causing the animal to suffer.

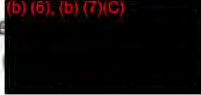
9. The animals has reside in the United States or Canada since birth.

(b) (6), (b) (7)(C)



Phone
Fax:

(b) (6), (b) (7)(C)



EQUINE CERTIFICATION DOCUMENT

(b) (6), (b) (7)(C)

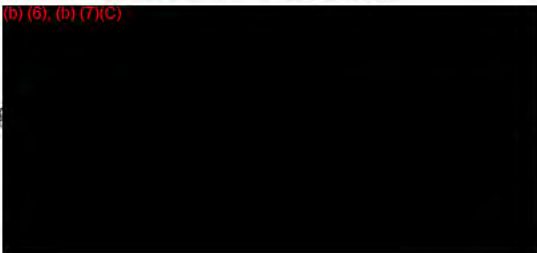


_____ have verified that all equine included on the Export Health Certificate number L043190 are accompanied with an Equine Information Document properly completed and signed by the owner.

Number of EIDs that accompany the Health Certificate: 30 HORSES

Signature of Accredited Veterinarian

(b) (6), (b) (7)(C)



Signature

Date

1/9/19



U.S. DEPARTMENT 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.

#001
FORM
APPROVED
OMB NO.
0579-0160
L043190

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE (b) (6), (b) (7)(C) Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET (b) (6), (b) (7)(C)	
CONSIGNOR (OWNER/SHIPPER) NAME (b) (6), (b) (7)(C)	CONSIGNEE (RECEIVER/DESTINATION) NAME Viande Richelieu Meat Inc.	
STREET ADDRESS (b) (6), (b) (7)(C)	STREET ADDRESS .595 Rue Royale	
CITY, STATE, ZIP CODE (b) (6), (b) (7)(C) Pa. (b) (6), (b) (7)(C)	CITY, STATE, ZIP CODE Massueville, QU. Canada	
AREA CODE & TELEPHONE NO. (b) (6), (b) (7)(C)	AREA CODE & TELEPHONE NO. 450-788-2490	

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

Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs. Horses are able to walk unassisted.

Foals are older than 6 months of age. Horses are not blind in both eyes.

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold			
	(b) (6), (b) (7)(C)		X											SN			X		
2					X									SN			X		
3			X											SN			X		
4			X											SN			X		
5			X							X							X		
6					X									CB	X				
7			X											SN			X		
8			X							X							X		
9					X											X			
10								Scr		X							X		
11			X							X							X		
12					X											X			
13			X							X							X		
14			X							X							X		
15			X							X							X		

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

SIGNATURE (b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL FRONTIER/

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.)
(b) (6), (b) (7)(C)



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

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

(Please type or print in ink)

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

#001
FORM
APPROVED
OMB NO.
0579-0160
L043190

usmy	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Other	Other	TB	QT	Draft	Pony	Other	Male	Stal	Gold		
16	(b) (6), (b) (7) (C)		X										SN			X		
17			X										SN	X				
18			X										SN	X				
19			X										SN	X				
20			X										SN	X				
21			X										SN			X		
22			X										SN			X		
23			X										SN			X		
24							X						CB			X		
25			X										SN			X		
26			X										SN	X				
27			X										SN	X				
28			X										SN	X				
29								Sox		X						X		
30								Sox		X						X		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b) (6), (b) (7)(C)

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office

Phone 717-540-2770

Import vsppsa@aphis.usda.gov

(b) (6), (b) (7)(C)

PA (b) (6), (b) (7)(C)

Export vsppsa@aphis.usda.gov

Control Number: 20421900764

Office Id: APVSFX2042

Service Date(s)
 Begin: 16-JAN-19
 End: 16-JAN-19

Reference NR: L043191

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	9XVSFX2042VSIMPEXEXPTFX2042	56.00	1.00	56.00

Total Due \$ 56.00

Remarks: L043191 (CA)

Payment Information

Nfc Id

Date	Amount	Payment Type	Account/Check #
16-JAN-19	\$ 56.00	Check	(b) (6), (b) (7)(C)

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



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) (b) (6), (b) (7)(C)
 2. CERTIFICATE NO. L043191
 3. PAGE NO. #002 OF 2
 4. DATE ISSUED 1-16-19
 5. U.S. PORT OF EMBARKATION (City and State) (b) (6), (b) (7)(C) Penna.
 6. STATE CODE 42
 7. CONSIGNOR'S STREET ADDRESS (Mailing Address) (b) (6), (b) (7)(C)
 8. CONSIGNOR'S CITY (or Town)
 9. SEMEN (X if yes)
 10. NO. DOSES OF SEMEN
 11. TRANSPORTATION CLASS
 1 - Rail 3 - Air
 2 - Truck 4 - Ocean
 12. CONSIGNEE'S STATE Pennsylvania
 13. STATE CODE 42
 14. ZIP CODE (b) (6), (b) (7)(C)
 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)
 16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Viande Richelieu Meat Inc.
 595 Rue Royale, Massueville
 NEGATIVE TUBERCULIN READING
 48 HRS 72 HRS
 BRUCELLOSIS BLOOD SAMPLE COLLECTED
 DESTINATION COUNTRY: Quebec
 ENTER CODE: Canada
 NEGATIVE RESULTS OF OTHER TESTS

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

17. FARM ORIGIN		16. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)										18. TEST RESULTS					
Owner's name (Last name, two initials, or business name)		Q NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE	DISEASE	DISEASE		
Owner's street address													DATE M	DATE N	DATE O	TYPE TEST	TYPE TEST
Owner's city/town, State code (FIPS code on reverse) & zip code																	
USMY (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	10	F	QH	BAY - STAR											
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	8	F	QH	SOR - STAR - SNIP											
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	7	F	QH	PAINT - STAR - STRIPE - SNIP	RF KNIFE	LF - RHL - LHL QUARTER									
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	7	N	QH	SOR - BLAZE	RF - LF - RHL - LHL FETLOCK										
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	12	F	QH	BAY - STAR - RHL QUARTER	LHL FETLOCK										
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	10	N	QH	BLK - STAR											
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	9	N	QH	BAY - STAR											
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	7	F	QH	SOR -											
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	11	N	QH	PAINT - BLAZE											
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	7	F	QH	PAINT - BLAZE - RF - RHL QUARTER	LF KNIFE	LHL HOCK									
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	10	F	QH	CHST - STAR - STRIPE	RF FETLOCK										
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	11	N	QH	PAINT - W/BLAZE	RF - LF - RHL - LHL QUARTER										
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	12	F	QH	BAY -											
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	10	F	QH	SOR - LHL FETLOCK											
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	7	F	QH	SOR - BLAZE											
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	10	N	QH	PAINT - STAR - SNIP	RF QUARTER	LF - RHL - LHL PASTERW									
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	9	N	QH	SOR - STAR											
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	10	N	QH	SOR - STAR STRIPE SNIP	RHL PASTERW	LHL FETLOCK									



VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE
 (b) (6), (b) (7)(C)
 (b) (6), (b) (7)(C)
 (b) (6), (b) (7)(C)

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 1-16-2019
 20. NAME OF ISSUING VETERINARIAN (please print) (b) (6), (b) (7)(C)
 21. STATUS 1 State 2 Federal Accredited
 22. TOTAL NO. OF ANIMALS (Certified for export or donated series) (Include nos. from all attached VS Forms 17-140A) 30 HORSES
 23. Signature of Endorsing Federal Veterinarian (b) (6), (b) (7)(C)
 24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) PD BROWN JR VMD
 25. SIGNATURE OF ISSUING VETERINARIAN (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Phone: (b) (6), (b) (7)(C)
Fax: (b) (6), (b) (7)(C)

EQUINE CERTIFICATION DOCUMENT

(b) (6), (b) (7)(C)

I have verified that all equine included on the Export Health Certificate number L043191 are accompanied with an Equine Information Document properly completed and signed by the owner.

Number of EIDs that accompany the Health Certificate: 30 HORSES

Signature of Accredited Veterinarian

(b) (6), (b) (7)(C)

Date 1/16/19



U.S. DEPARTMENT 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 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

#002
FORM APPROVED
OMB NO.
0579-0160
L043191

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE (b) (6), (b) (7)(C) Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET (b) (6), (b) (7)(C)	
CONSIGNOR (OWNER/SHIPPER) NAME (b) (6), (b) (7)(C)	CONSIGNEE (RECEIVER/DESTINATION) NAME Viande Richelieu Meat Inc.	
STREET ADDRESS (b) (6), (b) (7)(C)	STREET ADDRESS 595 Rue Royale	
CITY, STATE, ZIP CODE (b) (6), (b) (7)(C) Pa. (b) (6), (b) (7)(C)	CITY, STATE, ZIP CODE Massueville, QU. Canada	
AREA CODE & TELEPHONE NO. (b) (6), (b) (7)(C)	AREA CODE & TELEPHONE NO. 450-788-2490	

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

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

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal.	Geld				
	(b) (6), (b) (7)(C)		X							X					X					
2									SOR	X					X					
3						X				X					X					
4									SOR	X					X					
5			X							X					X					
6					X					X					X					
7			X							X					X					
8									SOR	X					X					
9						X				X					X					
10						X				X					X					
11						X				X					X					
12						X				X					X					
13			X							X					X					
14									SOR	X					X					
15									SOR	X					X					

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

SIGNATURE (b) (6), (b) (7)(C)

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 (19 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)
(b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.

DATE

TIME

DIRECCION GENEFRONTI



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.

#002
FORM APPROVED
OMB NO.
0579-0160
L043191

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Gold
16	(b) (6), (b) (7) (C)					X			X							X		
17							SOP		X							X		
18							SOP		X							X		
19						X			X				X					
20						X			X							X		
21							SOP		X				X					
22							SOP		X							X		
23						X			X				X					
24			X						X				X					
25			X						X				X					
26						X			X				X					
27							SOP		X							X		
28							SOP		X							X		
29							SOP		X				X					
30							CREAM		X				X					
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office

Phone 717-540-2770

Import vsapapa@aphis.usda.gov

(b) (6), (b) (7)(C)

PA

(b) (6), (b) (7)(C)

EXPORT vsapapa@aphis.usda.gov

Control Number: 20421900799

Office Id: APVSPX2042

Service Date(s)
 Begin: 23-JAN-19
 End: 23-JAN-19

Reference NR: L043192

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	9XVSPX2042V9SIMPXEXP2PX2042	56.00	1.00	56.00

Total Due \$ 56.00

Remarks: L043192 (CA)

Payment Information

Nfc Id

Date	Amount	Payment Type	Account/Check #
23-JAN-19	\$ 56.00	Check	(b) (6), (b) (7)(C)

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



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)
(b) (6), (b) (7)(C)

2. CERTIFICATE NO.
L043192

3. PAGE NO.
#003
1 OF 2

4. DATE ISSUED
1-23-19

5. U.S. PORT OF EMBARKATION (City and State)
Shippensburg, Penna.

6. STATE CODE

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)
(b) (6), (b) (7)(C)

8. CONSIGNOR'S CITY (or Town)

9. SEMEN ("X" if yes)

10. NO. DOSES OF SEMEN

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

12. CONSIGNOR'S STATE
Pennsylvania

13. STATE CODE
42

14. ZIP CODE
(b) (6), (b) (7)(C)

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)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)
Viande Richelieu Meat Inc.
595 Rue Royale, Massueville

DESTINATION COUNTRY
Quebec

ENTER CODE
Canada

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
USMY

MODIFIED ACCREDITED AREA (TB)										CERTIFIED BRUCELLOSIS FREE AREA			NEGATIVE RESULTS OF OTHER TESTS					
18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)										DISEASE			DISEASE			DISEASE		
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				
(b) (6), (b) (7)(C)	11	N	SN		BAY													
(b) (6), (b) (7)(C)	10	N	CB		BAY - STAR													
(b) (6), (b) (7)(C)	10	N	SN		BAY - STAR - STRIKE - SOIP RHL-LHL Fatlock													
(b) (6), (b) (7)(C)	9	F	SN		BAY - BLAZE - RF Fatlock													
(b) (6), (b) (7)(C)	10	N	SN		BAY - STAR													
(b) (6), (b) (7)(C)	15	F	QH		CREAM													
(b) (6), (b) (7)(C)	8	F	QH		PALM - BLAZE RF - LF UNGE RHL back LHL QUARTER													
(b) (6), (b) (7)(C)	10	N	SN		BAY													
(b) (6), (b) (7)(C)	15	F	MULE		SOR - STAR													
(b) (6), (b) (7)(C)	15	F	MULE		SOR													
(b) (6), (b) (7)(C)	10	N	CB		SOR - BLAZE													
(b) (6), (b) (7)(C)	8	N	CB		BAY - STAR - STRIKE RHL Fatlock													
(b) (6), (b) (7)(C)	10	N	SN		BAY - STAR													
(b) (6), (b) (7)(C)	8	N	QH		SOR - BLAZE - RHL-LHL Fatlock													
(b) (6), (b) (7)(C)	20	F	QH		SOR - BLAZE													
(b) (6), (b) (7)(C)	10	N	QH		BAY													
(b) (6), (b) (7)(C)	8	F	CB		PALM - BLAZE RF - RHL - LHL PASTERN LF QUARTER													
(b) (6), (b) (7)(C)	10	N	SB		SOR - BLAZE - RF - LF - RHL - LHL PATTERN													



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
1-23-2019

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print)
(b) (6), (b) (7)(C)

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 HORSES

23. Signature of Endorsing Federal Veterinarian
FD BROWN JR VMO

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
(b) (6), (b) (7)(C)

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 CONSIGNEE'S NAME (last name, first name, middle initial or business name) (b) (6), (b) (7)(C)	2. CERTIFICATE NO. FROM VS FORM 17-140 L043192	3. PAGE NO. #003 2 of 2
1B. CONSIGNEE'S NAME Viande Richelieu Meat Inc.		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USMY (b) (6), (b) (7)(C)	10	F	QH		RAY	-	STAR	STRIP				LHL PASTEREN		
	8	N	QH		MAY	-	STAR	STRIP				SUIP		
	10	N	SN		SOR	-	STAR	STRIP				RHL FETLOCK	LHL PASTEREN	
	8	F	QH		SOR	-	STAR	SUIP						
	8	ST	QH		R-ROAM	-	BLAZE	RF	LF	RHL		LHL PASTEREN		
	10	N	QH		PAINT	-	BLAZE	RF	LF	RHL		RHL PASTEREN	LHL NOCK	
	7	F	QH		SOR	-	BLAZE	RHL	LHL			PASTEREN		
	2	F	QH		CREAM	-								
	15	F	SN		RAY	-	STAR					LHL FETLOCK		



1. All states in which the animals reside in the past twenty one days were free from clinical and epidemiological evidence of vesicular stomatitis.

2. In the past twenty one days the horses in this shipment have not been in the states of Texas, New Mexico, Arizona, Utah.

3. The animals were inspected by (b) (6), (b) (7)(C) within thirty days preceding the date of importation.

4. The animals were found by (b) (6), (b) (7)(C) to be free from any communicable disease.

5. The animals were to the best of the knowledge and belief of (b) (6), (b) (7)(C) not exposed to any communicable disease within sixty days preceding the date of inspection.

6. The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

7. 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 refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals has an infirmity, illness, injury or any other condition that could be aggravated when the animals is being transported causing the animal to suffer.

9. The animals has reside in the United States or Canada since birth.

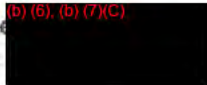
(b) (6), (b) (7)(C)



Phone

(b) (6), (b) (7)(C)

Fax:



EQUINE CERTIFICATION DOCUMENT

(b) (6), (b) (7)(C)



_____ have verified that all equine included on the Export Health Certificate

number L043192 are accompanied with an Equine Information Document properly completed and signed by the owner.

Number of EIDs that accompany the Health Certificate: 27-HORSES

Signature of Accredited Veterinarian

(b) (6), (b) (7)(C)



Signature

Date

1/23/19



U.S. DEPARTMENT 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.

#003
FORM
APPROVED
OMB NO.
0579-0160
L043192

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE (b) (6), (b) (7)(C) Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET (b) (6), (b) (7)(C)
CONSIGNOR (OWNER/SHIPPER) NAME (b) (6), (b) (7)(C)		CONSIGNEE (RECEIVER/DESTINATION) NAME Viande Richelieu Meat Inc.
STREET ADDRESS (b) (6), (b) (7)(C)		STREET ADDRESS 595 Rue Royale
CITY, STATE, ZIP CODE (b) (6), (b) (7)(C) Pa. (b) (6), (b) (7)(C)		CITY, STATE, ZIP CODE Massueville, QU. Canada
AREA CODE & TELEPHONE NO. (b) (6), (b) (7)(C)		AREA CODE & TELEPHONE NO. 450-788-2490

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

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

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
	(b) (6), (b) (7)(C)		X										SN			X			
			X										CB			X			
			X										SN			X			
			X										SN	X					
			X										SN			X			
								CREAM		X						X			
									X							X			
			X										SN			X			
								SOR					MULE	X					
								SOR					MULE	X					
								SOR					CB			X			
			X										CB			X			
			X										SN			X			
								SOR		X						X			
								SOR			X				X				

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

SIGNATURE

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL
FRONTERA

EST.

DATE

TIME



Equine Welfare Alliance

U.S. DEPARTMENT OF AGRICULTURE
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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#003

FORM APPROVED
OMB NO.
0579-0160
L043192

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Male	Stal			Female
	(b) (6), (b) (7) (C)		X						X							X		
17						X						CB	X					
18							SOR					SB				X		
19			X						X				X					
20			X						X							X		
21							SOR					SN				X		
22							SOR		X				X					
23							RED ROAN		X					X				
24						X			X							X		
25							SOR		X				X					
26							CREAM		X				X					
27			X									SN	X					
28																		
29																		
30																		
31																		
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SIGNATURE OF OWNER/SHIPPER (certify that the information contained in this form is true and correct to the best of my knowledge)

(b) (6), (b) (7) (C)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office
Phone 717-540-2770
Import vepsapa@aphis.usda.gov

Control Number: 20421900844
Office Id: APVSEFX2042

Export vepsapa@aphis.usda.gov

Service Date(s)
Begin: 30-JAN-19
End: 30-JAN-19

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

PA

Reference NR: L043193

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Nx	9XVSEFX2042VSIIMPRXEXPTFX2042	56.00	2.00	112.00

Total Due \$ 112.00

Remarks: L043193,L043194

Payment Information

Nfc Id

Date	Amount	Payment Type	Account/Check #
30-JAN-19	\$ 112.00	Check	(b) (6), (b) (7)(C)

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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) (b) (6), (b) (7)(C)
2. CERTIFICATE NO. L043193
3. PAGE NO. #004
1 OF 2

4. DATE ISSUED 1-30-19
5. U.S. PORT OF EMBARKATION (City and State) (b) (6), (b) (7)(C) Penna.
6. STATE CODE 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) (b) (6), (b) (7)(C)
8. CONSIGNOR'S CITY (or Town) (b) (6), (b) (7)(C)
12. CONSIGNOR'S STATE Pennsylvania
13. STATE CODE 42
14. ZIP CODE (b) (6), (b) (7)(C)

9. SEMEN ("X" if yes)
10. NO. DOSES OF SEMEN
11. TRANSPORTATION CLASS
 1 - Rail 3 - Air
 2 - Truck 4 - Ocean

15. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Viande Richelieu Meat Inc.
595 Rue Royale, Masseneville
DESTINATION COUNTRY: Quebec
ENTER CODE: Canada

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

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name) USMY
Owner's street address (b) (6), (b) (7)(C)
Owner's city/town, State code (FIPS code on reverse) & zip code Pa. (b) (6), (b) (7)(C)

MODIFIED ACCREDITED AREA (TB)										CERTIFIED BRUCELLOSIS FREE AREA					NEGATIVE RESULTS OF OTHER TESTS		
18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)																	
ID NO. OR DESCRIPTION	AGE	SEX	BREED	V	DATE	V	DATE	V	DATE	DATE	DATE	DATE	DATE	DATE	DATE		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O			
(b) (6), (b) (7)(C)	10	F	QH		BA4		BLAZE										
(b) (6), (b) (7)(C)	10	F	QH		PA2		STAR										
(b) (6), (b) (7)(C)	10	F	QH		SOR		STAR										
(b) (6), (b) (7)(C)	11	F	QH		BA4		STAR										
(b) (6), (b) (7)(C)	12	N	QH		BLK		BLAZE										
(b) (6), (b) (7)(C)	10	N	QH		PAINT		BLAZE										
(b) (6), (b) (7)(C)	12	N	QH		DUN		BLAZE										
(b) (6), (b) (7)(C)	10	F	QH		SOR		BLAZE										
(b) (6), (b) (7)(C)	12	F	QH		SOR		STAR										
(b) (6), (b) (7)(C)	8	N	QH		PA2												
(b) (6), (b) (7)(C)	11	F	QH		BA4												
(b) (6), (b) (7)(C)	9	F	QH		BLK		STAR										
(b) (6), (b) (7)(C)	10	F	QH		SOR		BLAZE										
(b) (6), (b) (7)(C)	11	N	QH		BA4		BLAZE										
(b) (6), (b) (7)(C)	11	N	QH		BA4												
(b) (6), (b) (7)(C)	8	N	QH		SOR		STAR										
(b) (6), (b) (7)(C)	11	F	QH		SOR		STAR										
(b) (6), (b) (7)(C)	9	N	QH		BA4		BLAZE										



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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE
23. Signature of Endorsing Federal Veterinarian (b) (6), (b) (7)(C)

19. DATE ENDORSED 1-30-19
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial) please (b) (6), (b) (7)(C)
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) 32 HORSES
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) (b) (6), (b) (7)(C) F.D. BROWN JR. VMD

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) (b) (6), (b) (7)(C)	2. CERTIFICATE NO. FROM VS FORM 17-140 L043193	3. PAGE NO. #004 2 of 2
15. CONSIGNEE'S NAME Viande Richelieu Meat Inc.		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 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, IWO initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

USMY
(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)
Pa. (b) (6), (b) (7)(C)



18. INDIVIDUAL IDENTIFICATION		MODIFIED ACCREDITED AREA (7B)										CERTIFIED BRUCellosis FREE AREA		
ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE	
B	E	D	E	F	G	H	I	J	K	L	M	N	O	
(b) (6), (b) (7)(C)	10	N	QH	PAINT	✓									
(b) (6), (b) (7)(C)	8	N	QH	SOR										
(b) (6), (b) (7)(C)	11	N	QH	PAINT										
(b) (6), (b) (7)(C)	10	N	QH	SOR										
(b) (6), (b) (7)(C)	12	F	QH	BAY										
(b) (6), (b) (7)(C)	10	F	QH	BAY										
(b) (6), (b) (7)(C)	12	N	QH	SOR										
(b) (6), (b) (7)(C)	13	F	QH	SOR										
(b) (6), (b) (7)(C)	10	N	QH	BLK										
(b) (6), (b) (7)(C)	9	F	QH	APL										
(b) (6), (b) (7)(C)	12	F	QH	BLK										
(b) (6), (b) (7)(C)	11	F	QH	BLK										
(b) (6), (b) (7)(C)	11	F	QH	BAY										
(b) (6), (b) (7)(C)	10	N	QH	SOR										

1. All states in which the animals reside in the past twenty one days were free from clinical and epidemiological evidence of vesicular stomatitis.

2. In the past twenty one days the horses in this shipment have not been in the states of Texas, New Mexico, Arizona, Utah.

3. The animals were inspected by (b) (6), (b) (7)(C) within thirty days preceding the date of importation.

4. The animals were found by (b) (6), (b) (7)(C) to be free from communicable disease.

5. The animals were to the best of the knowledge and belief of (b) (6), (b) (7)(C) not exposed to any communicable disease within sixty days preceding the date of inspection.

6. The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

7. 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 refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals has an infirmity illness injury or any other condition that could be aggravated when the animals is being transported causing the animal to suffer.

9. The animals has reside in the United States or Canada sine birth,

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) (b) (6), (b) (7)(C)
2. CERTIFICATE NO. L043194
3. PAGE NO. #005 OF 2

4. DATE ISSUED 1-30-19
5. U.S. PORT OF EMBARKATION (City and State) (b) (6), (b) (7)(C) Penna.
6. STATE CODE 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) (b) (6), (b) (7)(C)
8. CONSIGNOR'S CITY (or Town) (b) (6), (b) (7)(C)
12. CONSIGNOR'S STATE Pennsylvania
13. STATE CODE 42
14. ZIP CODE (b) (6), (b) (7)(C)

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 Meat Inc.
595 Rue Royale, Massueville
DESTINATION COUNTRY Quebec
ENTER CODE Canada

15. SPECIES (X one - use VS Form 17-8 for Poultry)
 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING 18 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
USMY (b) (6), (b) (7)(C)

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	CERTIFIED BRUCELLOSIS FREE AREA																
							DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O									
(b) (6), (b) (7)(C)	10	F	QH	-	PAINT	-	STAR	SLIP	RF	LF	RHL	LUL	PASTER										
(b) (6), (b) (7)(C)	10	F	QH	-	BLK	-	STAR																
(b) (6), (b) (7)(C)	12	N	QH	-	SOR	-	BLAZE																
(b) (6), (b) (7)(C)	7	N	QH	-	SOR	-	BLAZE																
(b) (6), (b) (7)(C)	6	N	QH	-	SOR	-	BLAZE																
(b) (6), (b) (7)(C)	12	N	QH	-	PAINT	-	W FACE	RF	LF	RHL	LUL	QUARTER											
(b) (6), (b) (7)(C)	10	F	QH	-	PAL	-	BLAZE																
(b) (6), (b) (7)(C)	12	N	SN	-	BA4	-	STAR	SLIP															
(b) (6), (b) (7)(C)	11	N	QH	-	BA4	-	BLAZE																
(b) (6), (b) (7)(C)	12	N	SN	-	BA4	-																	
(b) (6), (b) (7)(C)	9	F	QH	-	BLK	-	STAR																
(b) (6), (b) (7)(C)	10	F	QH	-	BPL	-																	
(b) (6), (b) (7)(C)	11	N	QH	-	SOR	-	STAR																
(b) (6), (b) (7)(C)	15	N	WH	-	SOR	-	STAR																
(b) (6), (b) (7)(C)	12	N	QH	-	BA4	-	STAR																
(b) (6), (b) (7)(C)	11	N	QH	-	BA4	-	STAR																
(b) (6), (b) (7)(C)	12	N	QH	-	BA4	-	BLAZE																
(b) (6), (b) (7)(C)	13	N	WH	-	SOR	-	BLAZE																



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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE
23. Signature of Endorsing Federal Veterinarian (b) (6), (b) (7)(C)

19. DATE ENDORSED 1-30-19
20. NAME OF ISSUING VETERINARIAN (please print) (b) (6), (b) (7)(C)
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) FD BROWN JR VMD (b) (6), (b) (7)(C)

21. STATUS 2 Federal 1 State Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 31 HORSES

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 GMB 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) (b) (6), (b) (7)(C)	2. CERTIFICATE NO. FROM VS FORM 17-140 L043194	3. PAGE NO. #005 2 of 2
16. CONSIGNEE'S NAME Viande Richelieu Meat Inc.		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 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	18. INDIVIDUAL IDENTIFICATION													19. CERTIFIED BRUCellosis FREE AREA		
	ID NO. OR DESCRIPTION	AGE		SEX	BREED			DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
		B	C		D	E	F									
USMY (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	12	N	QH-	SOR-	BLAZE	RHL PASTERNA									
		12	N	SN-	BLK-	STAR										
		10	N	QH-	SOR-	STAR	RHL FE+LOCK									
		8	N	QH-	ISAY	STAR	LHL FE+LOCK									
		4	F	QH-	SOR-	BLAZE										
		10	N	QH-	ISAY	BLAZE	RF-RHL-LHL PASTERNA									
		11	F	QH-	ISAY	BLAZE	RHL-LHL PASTERNA									
		8	F	QH-	SOR-	STAR										
		10	F	QH-	BLK-	STAR	RHL-LHL FE+LOCK									
		11	F	QH-	BLK-	BLAZE	RHL FE+LOCK									
		12	F	QH-	SOR-	BLAZE										
		10	F	QH-	ISAY	STAR	LF-RHL FE+LOCK									
		12	N	QH	BLK ROOM-	BLAZE	RF-LF-RHL-LHL PASTERNA									



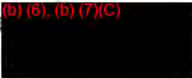
- All states in which the animals reside in the past twenty one days were free from clinical and epidemiological evidence of vesicular stomatitis.
- In the past twenty one days the horses in this shipment have not been in the states of Texas, New Mexico, Arizona, Utah.
- The animals were inspected by (b) (6), (b) (7)(C) within thirty days preceding the date of importation.
- The animals were found by (b) (6), (b) (7)(C) to be free from any communicable disease.
- The animals were to the best of the knowledge and belief of (b) (6), (b) (7)(C) not exposed to any communicable disease within sixty days preceding the date of inspection.
- The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.
- 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 refused entry to Canada.
- Fit to be transported means that on the day of inspection no animals has an infirmity illness injury or any other condition that could be aggravated when the animals is being transported causing the animals to suffer.
- The animals has reside in the United States or Canada since birth.

(b) (6), (b) (7)(C)



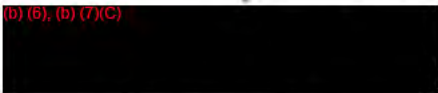
Phone (b) (6), (b) (7)(C)

Fax:



EQUINE CERTIFICATION DOCUMENT

(b) (6), (b) (7)(C)



I have verified that all equine included on the Export Health Certificate number LO43193 are accompanied with an Equine Information Document properly completed and signed by the owner.

Number of EIDs that accompany the Health Certificate: 32 HORSES

Signature of Accredited Veterinarian

(b) (6), (b) (7)(C)



Signature

Date

1-30-19



U.S. DEPARTMENT 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.

#004
FORM
APPROVED
OMB NO.
0579-0160
L043193

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE (b) (6), (b) (7)(C) Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET (b) (6), (b) (7)(C)	
CONSIGNOR (OWNER/SHIPPER) NAME (b) (6), (b) (7)(C)	CONSIGNEE (RECEIVER/DESTINATION) NAME Viande Richelieu Meat Inc.	
STREET ADDRESS (b) (6), (b) (7)(C)	STREET ADDRESS 595 Rue Royale	
CITY, STATE, ZIP CODE (b) (6), (b) (7)(C) Pa. (b) (6), (b) (7)(C)	CITY, STATE, ZIP CODE Massueville, QU. Canada	
AREA CODE & TELEPHONE NO. (b) (6), (b) (7)(C)	AREA CODE & TELEPHONE NO. 450-788-2490	

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

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

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX		BRANDS Tattoos, etc.	REMARKS Include existing conditions			
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld		
	(b) (6), (b) (7)(C)		<input checked="" type="checkbox"/>																	
2																				
3																				
4			<input checked="" type="checkbox"/>																	
5					<input checked="" type="checkbox"/>															
6						<input checked="" type="checkbox"/>														
7																				
8																				
9																				
10																				
11			<input checked="" type="checkbox"/>																	
12					<input checked="" type="checkbox"/>															
13																				
14			<input checked="" type="checkbox"/>																	
15			<input checked="" type="checkbox"/>																	

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

SIGNATURE

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. _____

DATE _____

TIME _____

DIRECCION GENERAL I
FRONTERAS

EST. _____

DATE _____

TIME _____



Equine Welfare Alliance

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

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

(Please type or print in ink)

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

#004
FORM
APPROVED
OMB NO.
0579-0160
L043193

USMY

Tag NO.	TAG PREFIX	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	(b) (6), (b) (7) (C)						SOR		X						X		
17							SOR		X					X			
18		X							X						X		
19					X				X						X		
20							SOR		X						X		
21					X				X						X		
22							SOR		X						X		
23		X							X					X			
24		X							X					X			
25							SOR		X						X		
26							SOR		X		MUE		X				
27				X					X						X		
28							APL		X					X			
29					X				X					X			
30					X				X					X			
31		X							X					X			
32							SOR		X						X		
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: (b) (6), (b) (7)(C) I certify that the information contained in this form is true and correct to the best of my knowledge.

(b) (6), (b) (7)(C)



Phone (b) (6), (b) (7)(C)
Fax: (b) (6), (b) (7)(C)

EQUINE CERTIFICATION DOCUMENT

(b) (6), (b) (7)(C)

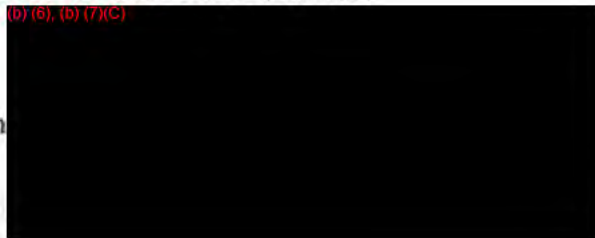


_____ have verified that all equine included on the Export Health Certificate number L043194 are accompanied with an Equine Information Document properly completed and signed by the owner.

Number of EIDs that accompany the Health Certificate: 31 HORSES

Signature of Accredited Veterinarian

(b) (6), (b) (7)(C)



Sign

Date 1/30/19



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

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

#005
FORM
APPROVED
OMB NO.
0579-0160
L043194

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
	(b) (6), (b) (7) (C)		X							X						X			
17			X							X						X			
18								SOR			X					X			
19								SOR		X						X			
20					X								SN			X			
21								SOR		X						X			
22			X							X						X			
23								SOR		X					X				
24			X							X						X			
25			X							X						X			
26								SOR		X						X			
27					X					X						X			
28					X					X						X			
29								SOR		X						X			
30			X							X						X			
31								BL Roan		X							X		
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)

(b) (6), (b) (7)(C)

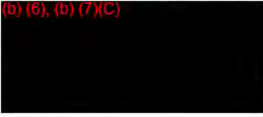
UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office

Phone 717-540-2770

Import vepopa@aphis.usda.gov

(b) (6), (b) (7)(C)



PA (b) (6), (b) (7)(C)

Export vepopa@aphis.usda.gov

Control Number: 20421900852

Office Id: APVSFX2042

Service Date(s)

Begin: 31-JAN-19

End: 31-JAN-19

Reference NR: L043195

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	9XVSFX2042VSIHPEXEXPTFX2042	56.00	1.00	56.00

Total Due \$ 56.00

Remarks: L043195 (CA)

Payment Information

Nfc Id

Date	Amount	Payment Type	Account/Check #
31-JAN-19	\$ 56.00	Check	(b) (6), (b) (7)(C)

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



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) (b) (6), (b) (7)(C)
2. CERTIFICATE NO. L043195
3. PAGE NO. #005
1 OF 2

4. DATE ISSUED 1-30-19
5. U.S. PORT OF EMBARKATION (City and State) (b) (6), (b) (7)(C) Penna.
6. STATE CODE 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) (b) (6), (b) (7)(C)
8. CONSIGNOR'S CITY (or Town) (b) (6), (b) (7)(C)
9. SEMEN (X if yes)
10. NO. DOSES OF SEMEN
11. TRANSPORTATION CLASS
 1 - Rail 3 - Air
 2 - Truck 4 - Ocean
12. CONSIGNOR'S STATE Pennsylvania
13. STATE CODE 42
14. ZIP CODE (b) (6), (b) (7)(C)

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)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Viande Richelieu Meat Inc.
595 Rue Royale, Massueville
DESTINATION COUNTRY Quebec
ENTER CODE Canada

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) USMY
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)										DISEASE									
ID NO. OR DESCRIPTION	AGE	SEX	BREED	Y	DATE	Y	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE	DATE	DATE	DATE		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R		
(b) (6), (b) (7)(C)	10	F	QH		PAINT		STAR	SNIP				RF	LF	RHL	LHL	PASTERW			
(b) (6), (b) (7)(C)	10	F	QH		BLK		STAR												
(b) (6), (b) (7)(C)	12	N	QH		SOR		BLAZE	RHL				LHL	FETLOCK						
(b) (6), (b) (7)(C)	7	N	QH		SOR		BLAZE					RHL	FETLOCK						
(b) (6), (b) (7)(C)	6	N	QH		SOR		BLAZE					RF	PASTERW						
(b) (6), (b) (7)(C)	12	N	QH		PAINT		W/FORE					RF	LF	RHL	LHL	QUARTER			
(b) (6), (b) (7)(C)	10	F	QH		DAL		BLAZE					LF	PASTERW						
(b) (6), (b) (7)(C)	12	N	SN		BA4		STAR	SNIP				RHL	FETLOCK						
(b) (6), (b) (7)(C)	11	N	QH		BA4		BLAZE					RHL	FETLOCK						
(b) (6), (b) (7)(C)	12	N	SN		BA4														
(b) (6), (b) (7)(C)	9	F	QH		BLK		STAR												
(b) (6), (b) (7)(C)	10	F	QH		APL														
(b) (6), (b) (7)(C)	11	N	QH		SOR		STAR					LHL	PASTERW						
(b) (6), (b) (7)(C)	13	N	QH		SOR		BLAZE					RHL	LHL	FETLOCK					
(b) (6), (b) (7)(C)	12	N	QH		SOR		BLAZE					RHL	PASTERW						
(b) (6), (b) (7)(C)	12	N	SN		BLK		STAR												
(b) (6), (b) (7)(C)	1A	N	QH		SOR		STAR					RHL	FETLOCK						
(b) (6), (b) (7)(C)	8	N	QH		BA4		STAR					LHL	FETLOCK						



VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE
23. Signature of Endorsing Federal Veterinarian
VS FORM 17-140 (MAR 98)

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 this date 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 1-31-19
20. NAME OF ISSUING VETERINARIAN (b) (6), (b) (7)(C)
21. STATUS 2 Federal 1 State Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 28 HORSES
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) (b) (6), (b) (7)(C) FD BROWN JR VMD

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) (b) (6), (b) (7)(C)	2. CERTIFICATE NO. FROM VS FORM 17-140 #005	3. PAGE NO. of 2 2 of 2
16. CONSIGNEE'S NAME Viande Richelieu Meat Inc.	L043195	2 of 2

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 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

USMV (b) (6), (b) (7)(C)
Pa. (b) (6), (b) (7)(C)

18. INDIVIDUAL IDENTIFICATION		MODIFIED ACCREDITED AREA (TB)					CERTIFIED BRUCellosis FREE AREA					NEGATIVE RESULTS OF OTHER TESTS			
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O	
															DATE G
(b) (6), (b) (7)(C)	10	N	QH		BAY	BLAZE	RF	RHL	LHL	PASTER					
(b) (6), (b) (7)(C)	11	F	QH		BAY	BLAZE	RHL	LHL	PASTER						
(b) (6), (b) (7)(C)	11	F	QH		BLK	BLAZE	RHL	PET LOCK							
(b) (6), (b) (7)(C)	12	F	QH		SOR	BLAZE									
(b) (6), (b) (7)(C)	10	F	QH		BAY	STAR	LF	RHL	PET LOCK						
(b) (6), (b) (7)(C)	12	N	QH		BLK	BLAZE	RF	LF	RHL	LHL	PASTER				
(b) (6), (b) (7)(C)	11	N	SN		BAY	STAR									
(b) (6), (b) (7)(C)	10	F	QH		BAY	BLAZE	RHL	LHL	PET LOCK						
(b) (6), (b) (7)(C)	12	F	QH		BLK	STAR									
(b) (6), (b) (7)(C)	10	ST	QH		PANT	W FACE	RF	LF	RHL	LHL	QUARTER				



1. All states in which the animals reside in the past twenty one days were free from clinical and epidemiological evidence of vesicular stomatitis.

2. In the past twenty one days the horses in this shipment have not been in the states of Texas, New Mexico, Arizona, Utah.

3. The animals were inspected by (b) (6), (b) (7)(C) within thirty days preceding the date of importation.

4. The animals were found by (b) (6), (b) (7)(C) to be free from any communicable disease.

5. The animals were to the best of the knowledge and belief of (b) (6), (b) (7)(C) not exposed to any communicable disease within sixty days preceding the date of inspection.

6. The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

7. The exporter has been advised the any deterioration in healthy or physical condition of the animals that may render animals unfit for transport may result in the shipment to refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals has an infirmity illness injury or any other condition that could be aggravated when the animals is being transported causing the animal to suffer.

9. The animals has reside in the United States or Canada sine birth.

(b) (6), (b) (7)(C)

Phone (b) (6), (b) (7)(C)
Fax (b) (6), (b) (7)(C)

EQUINE CERTIFICATION DOCUMENT

(b) (6), (b) (7)(C)

_____ have verified that all equine included on the Export Health Certificate number L043195 are accompanied with an Equine Information Document properly completed and signed by the owner.

Number of EIDs that accompany the Health Certificate: 28-HORSES

Signature of Accredited Veterinarian

(b) (6), (b) (7)(C)

Signature

Date 1-30-19



**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.

#005
FORM APPROVED
OMB NO.
0579-0160
L043195

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE (b) (6), (b) (7)(C) Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET (b) (6), (b) (7)(C)	
CONSIGNOR (OWNER/SHIPPER) NAME (b) (6), (b) (7)(C)	CONSIGNEE (RECEIVER/DESTINATION) NAME Viande Richelieu Meat Inc.	
STREET ADDRESS (b) (6), (b) (7)(C)	STREET ADDRESS 595 Rue Royale	
CITY, STATE, ZIP CODE (b) (6), (b) (7)(C) Pa. (b) (6), (b) (7)(C)	CITY, STATE, ZIP CODE Massueville, QU. Canada	
AREA CODE & TELEPHONE NO. (b) (6), (b) (7)(C)	AREA CODE & TELEPHONE NO. 450-788-2490	

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

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

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Include existing conditions	
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
	(b) (6), (b) (7)(C)					X										X			
					X											X			
									SOR								X		
									SOR								X		
									SOR								X		
					X											X			
									PAL						X				
			X											SN			X		
			X														X		
			X											SN			X		
					X											X			
									APL							X			
									SOR								X		
									SOR		X						X		
									SOR								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), (b) (7)(C)

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

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

(b) (6), (b) (7)(C)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL FRONTIERI

EST. _____
DATE _____
TIME _____



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in Ink)

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#005
FORM
APPROVED
OMB NO.
0579-0160
L0431195

USMY	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions				
			Bay	Grey	Blk	Plnto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Gold			
16	(b) (6), (b) (7) (C)				X																
17																					
18			X																		
19			X																		
20			X																		
21					X																
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge) 2 of 2