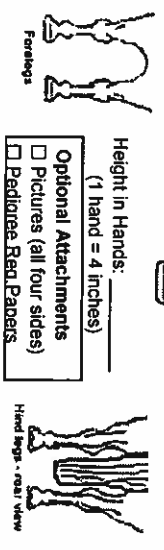
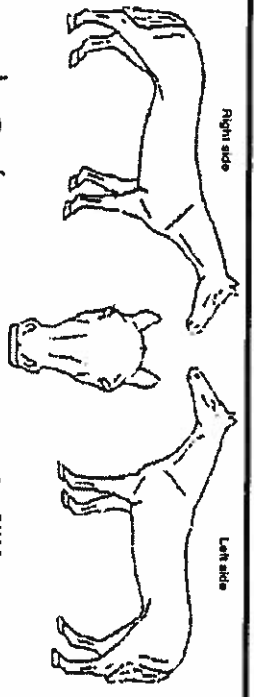


EQUINE INFORMATION DOCUMENT (EID)



DRAWING (the picture shall not be required if): Lines are to be drawn on the diagrams representing white areas on the animal where applicable with red pen the others with black pen. Mark whorls with an "X". Mark the location of scars with an "—"
If an official passport, the passport may be attached.
Attached EID from the previous owner(s).

For more explanation on the color terms or marks, consult the internet site:
<http://www.inspection.gc.ca/english/ssai/mea/via/man/ch17anmexee.shtml>

Body Color (check the correct box)	<input type="checkbox"/> Chestnut	<input type="checkbox"/> Blue Roan	<input type="checkbox"/> Red Roan
	<input type="checkbox"/> Liver chestnut	<input type="checkbox"/> Palomino	<input type="checkbox"/> Black
Head markings (check the correct box)	<input type="checkbox"/> Dark chestnut	<input type="checkbox"/> Appaloosa	<input type="checkbox"/> Bay
	<input type="checkbox"/> Light chestnut	<input type="checkbox"/> Grey	<input type="checkbox"/> Brown
Coat markings (check the correct box)	<input type="checkbox"/> Sorrel	<input type="checkbox"/> Strawberry	<input type="checkbox"/> Bay - Brown
	<input type="checkbox"/> Chestnut or Sorrel	<input type="checkbox"/> Dun	<input type="checkbox"/> Cream
Limb markings	<input type="checkbox"/> Star	<input type="checkbox"/> Blaze	<input type="checkbox"/> Snip
	<input type="checkbox"/> Stripe	<input type="checkbox"/> White face	<input type="checkbox"/> Fresh mark
Coat markings (check the correct box)	<input type="checkbox"/> Grey ticked	<input type="checkbox"/> Leopard	<input type="checkbox"/> Zebra marks
	<input type="checkbox"/> Flecked	<input type="checkbox"/> Black marks or dark marks	<input type="checkbox"/> Wilthers stripe
Coat markings (check the correct box)	<input type="checkbox"/> Patch (colour, shape, position, extent)	<input type="checkbox"/> List	
	<input type="checkbox"/> Right Foreleg	<input type="checkbox"/> Left Foreleg	<input type="checkbox"/> Right Hind Leg
<input type="checkbox"/> White patch on coronet			<input type="checkbox"/> Left Hind Leg
Anterior			
Lateral			
Medial			
Posterior			
White coronet			
White pastern			
White fetlock			
White to knee			
White to hock			
White to hind quarter			
Variation hoof pigment			

OWNER'S NAME: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

PRIMARY LOCATION OF ANIMAL: _____

PRIMARY USE OF ANIMAL: _____

SEX: _____ **AGE:** _____

LIST VISIBLE ACQUIRED MARKS:
(brands, tattoos, scars, etc....& location)

PICTURE: Attach by stapling to this document a clear printed color picture showing each of the views in the diagram of the animal in this document. The picture should be large enough to see the details required. The views shall be printed on a standard 8.5"X11" page. Owners date and sign the picture.

1. Have any drugs or vaccines been administered to or consumed by the animal during the last 180 days or during the time you owned the animal?
 Yes No

If YES: write the name of the drug(s) or vaccine(s), last date of use, withdrawal period for drugs, amount used (dose) per treatment if the label does not indicate a dose or if drugs is used a dosage different than the label indicates on the back side this page.

2. Has the animal identified on this document shown signs of any illness or deviation from normal behaviour or appearance during the last 180 days?
 Yes No

If YES, provide details with dates of diagnosis and recovery on the back side of the page.

3. Has the animal identified on this document to your knowledge been treated with a substance listed under the table named substances not permitted for use in food processing equine found in section E.5 during the last 180 days or during the time you owned the animal? If Yes, provide details on the back side of the page Yes No

4. OWNER DECLARATION:
I am the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal:

From To

As the owner of the animal identified on this document I hereby certify that the information in this EID is accurate and complete.

I understand that acceptable documented history covering the last 6 continuous months before slaughter is required for an equine presented for processing in an establishment inspected by the Canadian Food Inspection Agency. As such, I have the option of attaching to this document, completed Equine Information Document(s) from previous owner(s) in order to cover the required six continuous months of documented history.

Signature: _____ **no black ink**

TRANSIENT AGENT DECLARATION(S): This animal identified on this document has been under my care and control since the end of the owner's possession until

By this signature, I certify that since the end date of possession of the owner, the animal described on this EID has shown no signs of illness and has received no drug or vaccine.

Name of agent: _____

Address and phone number: _____

Signature of Agent: _____

BUYER AND OFFICE USE ONLY

Buyer ID (batch number) and # horse _____ **Tag number** _____

Export Tag Number _____ **Slaughter date and serial #** _____