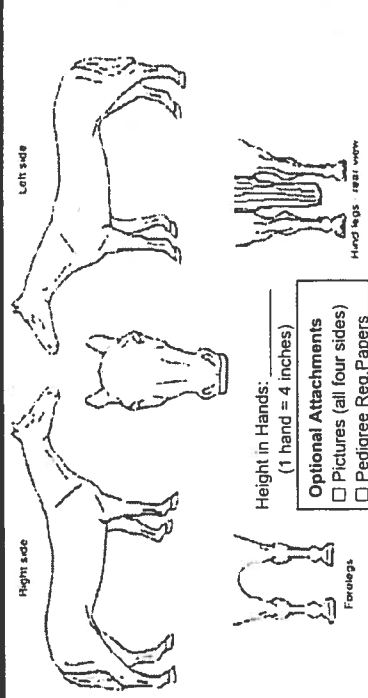


EQUINE INFORMATION DOCUMENT (EID)



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).

More information on the description of the animals and medicines available at:
<http://www.inspection.gc.ca/english/fssa/meavia/man/ch17/annexe.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
	<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
	<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
	<input type="checkbox"/> with a flaxen mane and tail	<input type="checkbox"/> Piebald	<input type="checkbox"/> Skewbald
Head markings (check the correct box)	<input type="checkbox"/> Star	<input type="checkbox"/> Blaze	<input type="checkbox"/> Snip
	<input type="checkbox"/> Stripe	<input type="checkbox"/> White face	<input type="checkbox"/> Flesh mark
	<input type="checkbox"/> Grey ticked		
Coat markings (check the correct box)	<input type="checkbox"/> Flecked	<input type="checkbox"/> Leopard	
	<input type="checkbox"/> Black marks or dark marks	<input type="checkbox"/> Zebra marks	
	<input type="checkbox"/> Patch (colour, shape, position, extent)	<input type="checkbox"/> Withers stripe	
Limb markings	<input type="checkbox"/> Right Foreleg	<input type="checkbox"/> Left Foreleg	<input type="checkbox"/> Left Hind Leg
White patch on coronet			
Anterior			
Lateral			
Medial			
Posterior			
White coronet			
White pastern			
White fetlock			
White to knee			
White to hock			
White to hind quarter			
Varianon hoof pigment			

OWNER'S NAME: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

PRIMARY LOCATION OF ANIMAL: _____

PRIMARY USE OF ANIMAL: _____

SEX: _____ **AGE:** _____

LIST VISIBLE ACQUIRED MARKS:
(brands, tatoos, 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, provide details with dates of diagnosis and recovery on the back side of the 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 in the internet site of CFIA, chapter 17, annexe E5, 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	MM	DD	YYYY	To	MM	DD	YYYY
------	----	----	------	----	----	----	------

As the owner of the animal identified on this document I hereby certify that the information in this EID is accurate and complete. I authorize Canadian Food Inspection Agency to contact or visit me for authentication.

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

MM	DD	YYYY
----	----	------

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. I authorize Canadian Food Inspection Agency to contact or visit me for authentication.

Name of agent: _____
Address and phone number: _____

Signature of Agent: _____

Buyer ID (batch number) and # horse _____

Slaughter date and serial # _____

Export Tag Number _____

Tag number _____

I know my horse, I take care of my horse

Any false statements subject to prosecution

1/ & 3/ Drugs → anti-microbial agents, wormer, tranquilizers, glucocorticoids, anti-inflammatory, steroids

Drugs given to the animal				
Substance name	Date	Administration method	Dose	Withdrawal period

2/ Diagnosis of illness

Illness name	Date of diagnosis	Date of recovery	Animal received drugs?
			<input type="checkbox"/> NO <input type="checkbox"/> YES: complete the above table
			<input type="checkbox"/> NO <input type="checkbox"/> YES: complete the above table
			<input type="checkbox"/> NO <input type="checkbox"/> YES: complete the above table

This version replaces all previous versions that are obsolete