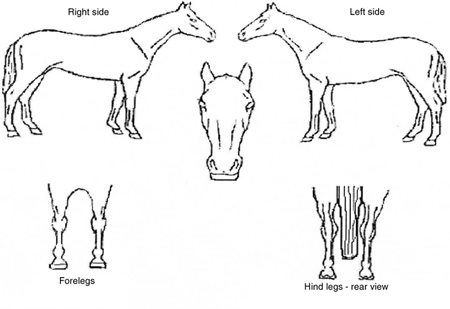
**OWNER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*(Only one owner name required)\***

**MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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



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

|  |
| --- |
| **Body Color (check one)** |
| ⬜ Black ⬜ Brown ⬜ Blue Roan  ⬜ Red Roan ⬜ Bay ⬜ Palomino  ⬜ Appaloosa ⬜ Grey ⬜ Chestnut  ⬜ Sorrel ⬜ Dun ⬜ Cream/White  ⬜ Piebald ⬜ Skewbald ⬜ Buckskin  ⬜ Chestnut/Sorrel with flaxen mane and tail |

|  |
| --- |
| **\*PRIMARY LOCATION OF ANIMAL**  **>PLEASE PROVIDE PHYSICAL LAND LOCATION, PREMISE ID, OR BLUE SIGN NUMBER WHERE THE ANIMAL IS KEPT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\*PRIMARY USE OF ANIMAL (CIRCLE ONE):** BREEDING PET SADDLEHORSE RIDING  RODEO OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **\*SEX (CIRCLE ONE):** STALLION MARE GELDING FILLY COLT |
| **\*AGE OF ANIMAL:\_\_\_\_\_\_\_\_\_\_\_** |
| **\*VISIBLE ACQUIRED MARKS & LOCATIONS (BRANDS, TATTOOS, SCARS, ETC.):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

4-Feb-22

Height in Hands:

\_\_\_\_\_\_\_\_\_\_\_\_\_

(1 hand = 4 inches)

in Hands: \_\_\_\_\_\_

(1 hand + 4 inches)

|  |
| --- |
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|  |

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

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

**FROM (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO (date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(dd/mm/yyyy) (dd/mm/yyyy)**

**OWNER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Owner named at top of form)**

|  |
| --- |
| **DECLARATION FOR TRANSIENT AGENTS ONLY** |
| The animal identified on this document has been under my care and control  **FROM (date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO (date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(dd/mm/yyyy) (dd/mm/yyyy)**  During this time period, the identified animal has not been given or fed drugs or vaccines and has not shown any signs of illness. |
| Agent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **BUYER AND OFFICE USE ONLY** |
| Tag Number: |
| Export Tag Number: |
| RFID (if applicable): |
| Office Serial #: |

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

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

3. Has the animal, to your knowledge, been treated with a substance listed under the named substances not permitted for equine use in food processing found in section E.5 (CFIA website) during the last 180 days (6 months) or during the time you owned the animal?

**\*\* ⬜ Yes ⬜ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**