

EQUINE INFORMATION DOCUMENT (EID)

OWNER'S NAME:		PHONE NUMBER:	
FULL ADDRESS:		CITY:	ZIPCODE:
PRIMARY LOCATION OF ANIMAL: <input type="checkbox"/> Same as above If not same as above, please specify:			
PRIMARY USE OF ANIMAL: <input type="checkbox"/> Recreation/Pleasure/Riding <input type="checkbox"/> Work/Ranch <input type="checkbox"/> Breeding <input type="checkbox"/> Rodeo/Show <input type="checkbox"/> If other, specify:			
SEX: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stud	AGE OF HORSE:		HEIGHT IN HANDS (1 hand = 4 inches):

1. Are you aware that your horse could be sold for food processing and some medications given to your horse could put at risk human health?

NOTE that if you falsely declare, penalty will ensue

☐ Yes ☐ No Initials

2. 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 producing equine found in the Meat Hygiene Manual of Procedures, Chapter 17, Annex E, section E.5 during the last 180 days, or during the time you owned the animal? If **YES**: write the name of the medication(s), treatment(s) or vaccine(s), last date of use, withdrawal period for medications and withdrawal period for medications amount used (dose) per treatment. If the label does not indicate a dose or if medications is used a dosage different than the label indicates, **please write them below too** :

☐ Yes ☐ No Initials

Medications/treatments/vaccines	Last date of use	Route	Dose	Withdrawal period

3. To your knowledge, have any medications, treatments or vaccines been administered to or consumed by the animal during the last 180 days or during the time you owned the animal? (ex: Phenylbutazone, penicillin, etc)

☐ Yes ☐ No Initials

Medications/treatments/vaccines	Last date of use	Route	Dose	Withdrawal period

4. When is the last time the animal identified on this document received a deworming treatment? (Ivermectin, Moxidectin, Equimax, Eqvalan, Quest, Quest Plus) If the animal never been dewormed, strike out this table. If **YES**, please write the details below:

Initials

Medications/treatments/vaccines	Last date of use	Route	Dose	Withdrawal period

5. Has the animal identified on this document to your knowledge been diagnosed with an illness, shown signs of any illness or deviation from normal behaviour during the last 180 days or during the time you owned the animal? (for ex: abscess, anomaly, weakness, abnormal, breathing, gait, posture) If **YES**: please write it below with the details medications that have been administered for recovery.

☐ Yes ☐ No Initials

Illness/Anomaly name	Diagnosis date	Recovery date	Medications received?

6. If the animal identified on this document is a female, to your knowledge, is she pregnant? If so, how long she is?

☐ Yes ☐ No Initials

If **YES**: How many weeks OR How many months

OWNER DECLARATION: I am the owner of the animal identified on this document and have had uninterrupted possession, care and control of the animal. I always treated the animal with respect and care to meet the needs. **no black ink**

From MM DD YY To MM DD YY

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 at least six continuous months of documented acceptable history is required for an equine presented for processing in an establishment inspected by CFIA.

Signature of owner: _____

NOTE that if you falsely declare, penalty will ensue.

TRANSIENT AGENT DECLARATION: The animal identified on this document has been under my care and control. **no black ink**

From MM DD YY To MM DD YY

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

NOTE that if you falsely declare, penalty will ensue.

Signature of agent: _____

AGENTS STAMP	
Name	
Address	
Phone #	

TAG NUMBER 1	TAG NUMBER 2

EQUINE INFORMATION DOCUMENT (EID)

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

Height in Hands:
(1 hand = 4 inches)

<p style="text-align: center;">Body Color (check the correct box)</p>	<input type="checkbox"/> Black <input type="checkbox"/> Dark Bay <input type="checkbox"/> Bay <input type="checkbox"/> Bay - Brown <input type="checkbox"/> Bay - Roan <input type="checkbox"/> Brown <input type="checkbox"/> Chestnut <input type="checkbox"/> Liver Chestnut <input type="checkbox"/> Dark Chestnut <input type="checkbox"/> Light Chestnut	<input type="checkbox"/> Sorrel <input type="checkbox"/> Blond <input type="checkbox"/> Palomino <input type="checkbox"/> Buck Skin <input type="checkbox"/> Cream <input type="checkbox"/> Grullo <input type="checkbox"/> Grey <input type="checkbox"/> White <input type="checkbox"/> Dun <input type="checkbox"/> Blue - Roan <input type="checkbox"/> Red - Roan	<input type="checkbox"/> Strawberry <input type="checkbox"/> Appaloosa <input type="checkbox"/> Black & White <input type="checkbox"/> Bay & White <input type="checkbox"/> Chestnut & White <input type="checkbox"/> Sorrel & White <input type="checkbox"/> Palomino & White <input type="checkbox"/> Grey & White <input type="checkbox"/> Piebald (Black & white)	<input type="checkbox"/> Skewbald (Color combos) <input type="checkbox"/> Bay & White <input type="checkbox"/> Chestnut & White <input type="checkbox"/> Sorrel & White <input type="checkbox"/> Palomino & White <input type="checkbox"/> Grey & White
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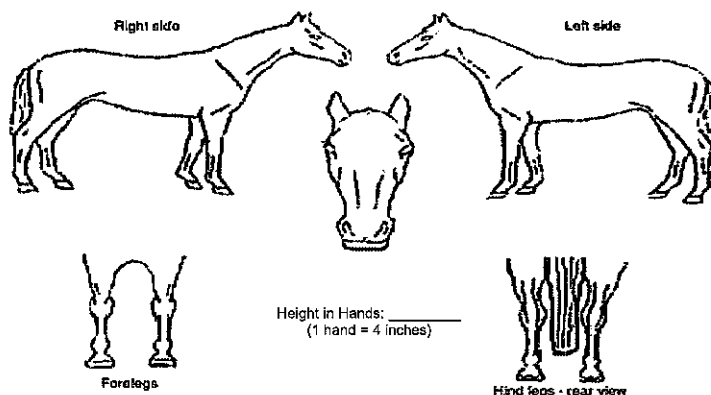
For more explanation on the color terms or marks, consult the Web site:
<http://www.inspection.gc.ca/english/fssa/meavia/man/ch17/annexee.shtml>

<p style="text-align: center;">Head markings (check the correct box)</p>	<input type="checkbox"/> Few hair (Star) <input type="checkbox"/> Blaze <input type="checkbox"/> None	<input type="checkbox"/> Star <input type="checkbox"/> White face	<input type="checkbox"/> Stripe <input type="checkbox"/> Flesh mark	<input type="checkbox"/> Snip <input type="checkbox"/> White muzzle
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<p style="text-align: center;">Coat markings (Check the correct box)</p>	<input type="checkbox"/> Grey ticked <input type="checkbox"/> Flecked <input type="checkbox"/> List	<input type="checkbox"/> Black/Dark marl <input type="checkbox"/> Leopard <input type="checkbox"/> None	<input type="checkbox"/> Patch (colour, shape, position, extent) <input type="checkbox"/> Zebra marks <input type="checkbox"/> Withers stripe
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Limb markings <input type="checkbox"/> None	Left Foreleg	Right Foreleg	Left Hind Leg	Right Hind Leg
White patch on coronet				
A: Anterior, L: Lateral				
P: Posterior, M: Medial				
White coronet				
White pastern				
White fetlock				
White to knee				
White to hock				
White to hind quarter				
Variation hoof pigment				
Light Legs				
White Legs				

PICTURES: Attach by stapling to this document clear printed color pictures showing each of the views of the animal in this document. The picture's views required are (one picture per view): the right-hand side, the left-hand side, the face and the tag number. The pictures should be large enough to see the details required (tag number's view is optionnal). The views shall can be printed on a standard 8.5"x11" page.



DRAWING: Lines have to be drawn on the diagrams representing white areas on the animal where applicable with red or blue pen the others with black pen. Mark whorls with an "X". Mark the location of scars with an →
If there is an official passport, the passport may be attached. Attached EID from the previous owner(s).