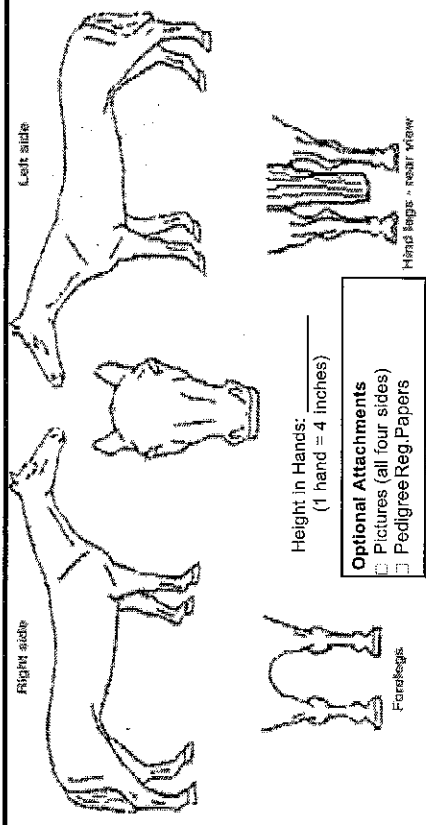


EQUINE INFORMATION DOCUMENT (EID)

HIP #



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 "X".
 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/ffsa/meavia/man/ch17/annexe_e.shtml

Body Color (check the correct box)	<input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue Roan <input type="checkbox"/> Red Roan <input type="checkbox"/> Bay <input type="checkbox"/> Bay - Brown <input type="checkbox"/> Palomino <input type="checkbox"/> Appaloosa <input type="checkbox"/> Chestnut <input type="checkbox"/> Liver chestnut <input type="checkbox"/> Grey <input type="checkbox"/> Strawberry <input type="checkbox"/> Dark chestnut <input type="checkbox"/> Light chestnut <input type="checkbox"/> Dun <input type="checkbox"/> Cream <input type="checkbox"/> Sorrel <input type="checkbox"/> Chestnut or Sorrel <input type="checkbox"/> Piebald (black & white) with a flaxen mane and tail <input type="checkbox"/> Skewbald (all other color/combs)			
Head markings (check the correct box)	<input type="checkbox"/> Star <input type="checkbox"/> Blaze <input type="checkbox"/> White face <input type="checkbox"/> White muzzle <input type="checkbox"/> Stripe <input type="checkbox"/> White face <input type="checkbox"/> Flesh mark <input type="checkbox"/> Grey ticked <input type="checkbox"/> Patch (colour, shape, position, extent) <input type="checkbox"/> Flecked <input type="checkbox"/> Zebra marks			
Coat markings (check the correct box)	<input type="checkbox"/> Black marks or dark marks <input type="checkbox"/> Withers stripe <input type="checkbox"/> Leopard <input type="checkbox"/> List			
Limb markings	Right Foreleg	Left Foreleg	Right Hind Leg	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				
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, 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 sign and date the picture.**

1. I am the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal.
From date _____ **to date** _____

2. 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**

3. Has the animal identified on this document been diagnosed with an illness during 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**

4. 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? Yes No

5. **OWNER DECLARATION:** 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, effective July 31, 2010, at least six continuous months of documented acceptable history is required for an equine presented for processing in an establishment inspected by CFIA.
 I always treated the animal with respect and care to meet the needs.

Date: _____ **Signature:** _____

TRANSIENT AGENT DECLARATION (only): This animal returned on this document has been under my care and control from _____ (date) to _____ (date). During this time period the identified animal has not been given or fed drugs or vaccines and has not shown any signs of illness.

Name of Agent: _____

Address: _____

Phone Number: _____

Signature of Agent: _____

Buyer ID (batch number) _____

of horses shipped _____

Tag number _____

Export Tag Number _____

Slaughter serial # _____

Blue Ink