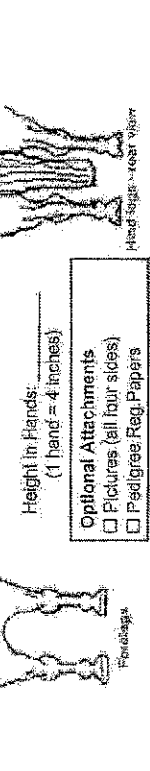
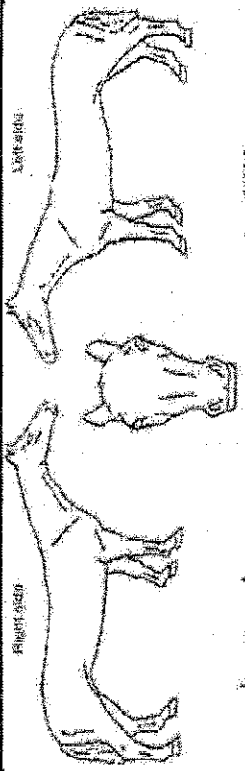


Lot #

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 "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/ssa/meav/mar/mar17/annexe.shtml>

Body Color (check the correct box)	<input type="checkbox"/> Black <input type="checkbox"/> Bay <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"/> Chestnut or Sorrel with a flaxen mane and tail	<input type="checkbox"/> Brown <input type="checkbox"/> Bay - Brown <input type="checkbox"/> Blue Roan <input type="checkbox"/> Palomino <input type="checkbox"/> Appaloosa <input type="checkbox"/> Grey <input type="checkbox"/> Strawberry <input type="checkbox"/> Dun <input type="checkbox"/> Cream <input type="checkbox"/> Piebald (black & white) <input type="checkbox"/> Skewbald (all other color combos)	<input type="checkbox"/> Red Roan <input type="checkbox"/> White muzzle <input type="checkbox"/> Flesh mark <input type="checkbox"/> Patch (colour, shape, position, extent) <input type="checkbox"/> Zebra marks <input type="checkbox"/> Withers stripe <input type="checkbox"/> List
Head markings (check the correct box)	<input type="checkbox"/> Star <input type="checkbox"/> Stripe <input type="checkbox"/> Grey ticked <input type="checkbox"/> Flecked <input type="checkbox"/> Black marks or dark marks <input type="checkbox"/> Leopard	<input type="checkbox"/> Blaze <input type="checkbox"/> White face	<input type="checkbox"/> Right Hind Leg <input type="checkbox"/> Left Hind Leg
Coat markings (check the correct box)	<input type="checkbox"/> Right Foreleg <input type="checkbox"/> Left Foreleg	<input type="checkbox"/> Right Hind Leg <input type="checkbox"/> Left Hind Leg	
Limb markings	<input type="checkbox"/> White patch on coronet <input type="checkbox"/> Anterior <input type="checkbox"/> Lateral <input type="checkbox"/> Medial <input type="checkbox"/> Posterior <input type="checkbox"/> White coronet <input type="checkbox"/> White pastern <input type="checkbox"/> White fetlock <input type="checkbox"/> White to knees <input type="checkbox"/> White to hock <input type="checkbox"/> White to hind quarter <input type="checkbox"/> 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 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

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

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. * **BLUE INK**
I always treated the animal with respect and care to meet the needs.

Date: _____ **Signature:** _____ **no black ink**

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 # _____