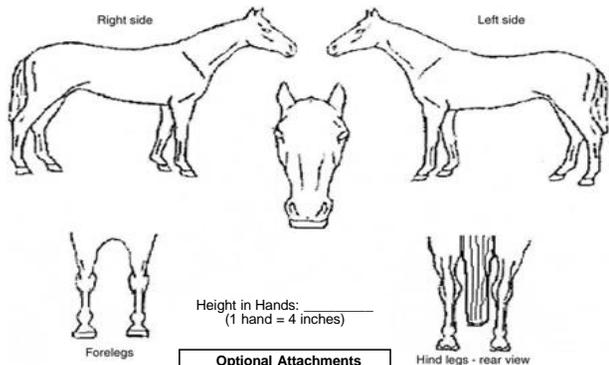


EQUINE INFORMATION DOCUMENT (EID)



Height in Hands: _____
(1 hand = 4 inches)

Optional Attachments
 Pictures (all four sides)
 Pedigree Reg. Papers

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).

For more explanation on the color terms or marks, consult the internet site:

<http://www.inspection.gc.ca/english/fsa/meavia/man/ch17/annexee.shtm>

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"/> Dark chestnut <input type="checkbox"/> Strawberry <input type="checkbox"/> Light chestnut <input type="checkbox"/> Sorrel <input type="checkbox"/> Dun <input type="checkbox"/> Chestnut or Sorrel with a flaxen mane and tail <input type="checkbox"/> Cream <input type="checkbox"/> Piebald (black & white) <input type="checkbox"/> Skewbald (all other color combos)			
Head markings (check the correct box)	<input type="checkbox"/> Star <input type="checkbox"/> Blaze <input type="checkbox"/> Snip <input type="checkbox"/> White muzzle <input type="checkbox"/> Stripe <input type="checkbox"/> White face <input type="checkbox"/> Flesh mark			
Coat markings (check the correct box)	<input type="checkbox"/> Grey ticked <input type="checkbox"/> Patch (colour, shape, position, extent) <input type="checkbox"/> Flecked <input type="checkbox"/> Zebra marks <input type="checkbox"/> Black marks or dark marks <input type="checkbox"/> Withers stripe <input type="checkbox"/> Leopard <input type="checkbox"/> List			
Limb markings	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				

BUYER AND OFFICE USE ONLY

Buyer ID (batch number)	
# of horses shipped	
Tag number	
Export Tag Number	
Slaughter serial #	

OWNER'S NAME: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

PRIMARY LOCATION OF ANIMAL: _____

PRIMARY USE OF ANIMAL: _____

SEX: (circle one) Mare, Stallion, Gelding, Filly, Colt

AGE: _____

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

OPTIONAL PICTURE: A clear printed color picture showing each of the views in the diagram (on the left) may be attached to this document. The picture should be large enough to see the details required (print views on a standard 8.5 x 11 page). **NOTE:** The body color, head markings, coat markings and limb markings still need to be checked off in the appropriate boxes under the diagram.

OWNER SIGN AND DATE PICTURE

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. ___ Yes ___ No

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.

2. Has the animal identified on this document been diagnosed with an illness during the last 180 days (6 months) or during the time you owned the animal? ___ Yes ___ No

IF YES: provide details with dates of diagnosis and recovery on the backside of this 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 the food processing equine found in section E.5 (CFIA website) during the last 180 days (6 months) or during the time you owned the animal? ___ Yes ___ No

4. 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.

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

from: (date) _____ to: (date) _____

SIGNATURE _____

(DO NOT USE BLACK INK--ONLY BLUE INK IS ALLOWED OR DOCUMENT IS VOID**)**

TRANSIENT AGENT DECLARATION(S)

This animal identified 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: _____

****Falsification of this form or knowingly using a falsified form is an indictable offence and may result in a fine and/or prosecution.**