

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, DC 20503-2900, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

6:00 P.M.

3-12-03

SHREVE, OH.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

N/A

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

8466 MILLBROOK RD.

STREET ADDRESS

108 HARVESTORE DR.

CITY, STATE, ZIP CODE

SHREVE, OH. 44696

CITY, STATE, ZIP CODE

DEKALB, ILL. 60115

AREA CODE & TELEPHONE NO.

330-562-3784

AREA CODE & TELEPHONE NO.

815-756-8051

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS include existing conditions |
|----|---------------|------------|-------------------|------|------|-------|--------|--------|------------|----|-------|----------------------|-------|------|------|------|---|-------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 1 | USCS | 2599 | X | | | | | | | | | STAND ARD BRED | | | | ✓ | | | |
| 2 | | 2598 | | | X | | | | | | | STAND ARD BRED | | | | ✓ | | | |
| 3 | | 2599 | | | X | | | | | | | CROSS BRED | ✓ | | | | | | |
| 4 | | 2600 | | | | | | SECRET | X | | | | | | | ✓ | | | |
| 5 | | 2601 | X | | | | | | | | | STAND ARD BRED | ✓ | | | | | | |
| 6 | | 2602 | | | X | | | | | | | STAND ARD BRED | ✓ | | | | | | |
| 7 | | 2603 | X | | | | | | | | | STAND ARD BRED | | | | ✓ | SEAR ON FRONT LEFT LEG | | |
| 8 | | 2604 | X | | | | | | | | | | ✓ | | | | | | |
| 9 | | 2605 | | | | | | SECRET | | | X | | | | | ✓ | CUT ON LEFT EYE SKINNED UP FROM LEGS HOLLER | | |
| 10 | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | |

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THE INFORMATION IN IT AS COMPLETED BY THE SIGNER IS TRUE. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN
FRONTERAS (DGIF)

EST.

DATE

TIME

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

9:00 PM

DATE

11-13-06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Millersburg, Ohio

NAME OF AUCTION/MARKET

Mt. Hope Auction

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel International

STREET ADDRESS

108 HARVESTORE DR

CITY, STATE, ZIP CODE

DEKALB ILL 60651

AREA CODE & TELEPHONE NO.

815-546-1935

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.

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☒ Horses are able to walk unassisted.

| | | | COLOR DESCRIPTION | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include existing conditions |
|---------------|------------|------|-------------------|------|------|-------|--------|------------|----|----|-------|------|-------|------|------|-------------------------|--|
| TAG PREFIX | Tag NO. | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | | |
| 1 | DSB | 4501 | | | | | ✓ | | | | ✓ | | | | | ✓ | |
| 2 | | 4502 | | | | | ✓ | | | | ✓ | | | | | | ✓ |
| 3 | | 4503 | | | | | ✓ | | | | ✓ | | | ✓ | | | |
| 4 | | 4504 | | | ✓ | | | | | | | | | ✓ | ✓ | | |
| 5 | | 4505 | | | ✓ | | | | | | | | | ✓ | ✓ | | |
| 6 | | 4506 | | | ✓ | | | | | | | | | ✓ | ✓ | | |
| 7 | | 4507 | | | | | ✓ | | | | ✓ | | | | | | ✓ |
| 8 | | 4508 | | | | | ✓ | | | | ✓ | | | | | | ✓ |
| 9 | | 4509 | ✓ | | | | | ✓ | | | | | | | | | ✓ |
| 10 | | 4510 | | | | | ✓ | | | | | C/B | | | | | ✓ |
| 11 | | 4511 | ✓ | | | | | | | ✓ | | | | ✓ | | | |
| 12 | | 4512 | | | | | ✓ | | ✓ | | | | | ✓ | | | |
| 13 | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | |

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NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN
FRONTERAS (DGIF)

EST.

DATE

TIME

**OWNER/SHIPPER CERTIFICATE
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FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

8:55 pm

DATE

11/2/06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

SHREVE, OH.

NAME OF AUCTION/MARKET

N/A

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

CANEL INTERNATIONAL

STREET ADDRESS

STREET ADDRESS

108 HARVESTORE DR

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

DEKALB, IL. 60115

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

815-756-8051

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

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|----|---------------|------------|-------------------|------|------|-------|--------|---------------|------------|----|-------|------|------------------|------|------|------|--|-------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 1 | USCS | 2808 | | | | | | APPA LOOSA | | ✓ | | | Other | | ✓ | | | | |
| 2 | | 2809 | | | | | | ✓ SORREL | | | ✓ | | | | | ✓ | | | |
| 3 | | 2810 | | | | | | ✓ SORREL | | ✓ | | | | | | ✓ | | | |
| 4 | | 2811 | | | | ✓ | | | ✓ | | | | | | | ✓ | | | |
| 5 | | 2812 | | | | | | PALA MILD | | ✓ | | | | ✓ | | | | | |
| 6 | | 2813 | ✓ | | | | | | | ✓ | | | | ✓ | | | | | |
| 7 | | 2814 | | | | | | APPA LOOSA | | ✓ | | | | ✓ | | | | | |
| 8 | | 2815 | ✓ | | | | | | | ✓ | | | | | | ✓ | | | |
| 9 | | 2816 | ✓ | | | | | | | ✓ | | | | | | ✓ | | | |
| 10 | | 2817 | ✓ | | | | | | | ✓ | | | | | | ✓ | | | |
| 11 | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | |

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

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DOCUMENT AND THE INFORMATION IN IT AS
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MAY RESULT IN A FINE OF NOT MORE THAN
IS OR BOTH (18 U.S.C. SECTION 1001).

I, THE OWNER/SHIPPER, certify that the information contained in this form is true and correct to
my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN
FRONTERAS (DGIF)

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OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

8:50 PM

DATE

11-5-06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

SHREVE, OH.

NAME OF AUCTION/MARKET

N/A

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

108 HARVESTORE DR.

CITY, STATE, ZIP CODE

DEKALB, ILL. 60115

AREA CODE & TELEPHONE NO.

815-756-8051

STREET ADDRESS

8466 MILLBROOK RD.

CITY, STATE, ZIP CODE

SHREVE, OH. 44676

AREA CODE & TELEPHONE NO.

330-567-3784

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

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|----|---------------|------------|-------------------|------|------|-------|--------|------------|----|----|-------|----------------------|-------|------|------|-------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | | |
| 1 | USCS | 2789 | ✓ | | | | | | | | | STAND ARD BRED | | | ✓ | | |
| 2 | | 2790 | ✓ | | | | | | | | | STAND ARD BRED | | | ✓ | | |
| 3 | | 2791 | | | | | | | | ✓ | | | | ✓ | | | LEFT FRONT LEG BOW - CRAPPLES |
| 4 | | 2792 | | | | | | | | ✓ | | | | | ✓ | | REAR RIGHT LEG CUT |
| 5 | | 2793 | | | | | | | ✓ | | | | | ✓ | | | |
| 6 | | 2794 | ✓ | | | | | | | | | STAND ARD BRED | | ✓ | | | |
| 7 | | 2795 | | | | | | | | ✓ | | | | ✓ | | | BAD HEAD |
| 8 | | 2796 | | ✓ | | | | | | | | CROSS BRED | | ✓ | | | RIGHT SIDE SKINNED |
| 9 | | 2797 | | | ✓ | | | | ✓ | | | | | ✓ | | | |
| 10 | | 2798 | ✓ | | | | | | | | | STAND ARD BRED | | | ✓ | | |
| 11 | | 2799 | | | | | | | | ✓ | | | | | ✓ | | SKINNED REAR RIGHT LEG |
| 12 | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | |

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING ON CONVEYANCE.

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\$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge and belief.)

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
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FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE 4/19/06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

8:15 Pm.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

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|----|---------------|------------|-------------------|------|------|-------|--------|--------|-------------|----|-------|----------------------|-------|------|------|------|------------------------------|-------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 1 | USCS | 2818 | ✓ | | | | | | | | | STAND RED BRED | | | ✓ | | BOTH HIND LEGS 4 FEET CUT | | |
| 2 | | 2819 | | | | | | SORREL | | ✓ | | | | ✓ | | | | | |
| 3 | | 2820 | | | | | | SORREL | | ✓ | | | | ✓ | | | | | |
| 4 | | 2821 | | ✓ | | | | | | ✓ | | | | | ✓ | | | | |
| 5 | | 2822 | | | | | | SORREL | | | | CROSS BRED | ✓ | | | | | | |
| 6 | | 2823 | | | ✓ | | | | | | | CROSS BRED | | | ✓ | | | | |
| 7 | | 2824 | | | | | | SORREL | | ✓ | | | ✓ | | | | | | |
| 8 | | 2825 | | | | | | SORREL | | | | MALE | | | ✓ | | | | |
| 9 | | 2826 | ✓ | | | | | | | | | STAND RED BRED | ✓ | | | | | | |
| 10 | | 2827 | ✓ | | | | | | ✓ | | | | | | ✓ | | | | |
| 11 | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | |
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge and belief.)

VS

Previous editions are obsolete

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST

DATE

TIME

**DIRECCION GENERAL DE INSPECCION EN
FRONTERAS (DGIF)**

EST.

DATE

TIME

**OWNER/SHIPPER CERTIFICATE
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TIME HORSES LOADED ON CONVEYANCE

DATE 11/11/06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

SHREVE, OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

THE Bloomfield, Oh.

STREET ADDRESS

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

CITY, STATE, ZIP CODE

STREET ADDRESS

108 HARVESTORE DR.

AREA CODE & TELEPHONE NO.

CITY, STATE, ZIP CODE

DEKALB ILL 60115

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| PREFIX | | | Bay | Grey | Blk. | Pinto | Chesin | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 1 | USCS | 2828 | ✓ | | | | | | | | | | STAND ARD BRED | | | ✓ | | LEFT REAR LEG LAME | |
| 2 | | 2829 | ✓ | | | | | | | | | | | ✓ | | | | | |
| 3 | | 2830 | | | | | | | | | | | SADDER BRED | | | ✓ | | | |
| 4 | | 2831 | | | | | | | | | | | STAND ARD BRED | ✓ | | | | HIGH REAR LEG - LAME | |
| 5 | | 2832 | ✓ | | | | | | | | | | STAND ARD BRED | | | ✓ | | | |
| 6 | | 2833 | ✓ | | | | | | | | | | STAND ARD BRED | | | ✓ | | | |
| 7 | | 2834 | ✓ | | | | | | | | | | STAND ARD BRED | | | ✓ | | | |
| 8 | | 2835 | ✓ | | | | | | | | | | STAND ARD BRED | | | ✓ | | RIGHT EYE BLIND | |
| 9 | | 2836 | ✓ | | | | | | | | | | STAND ARD BRED | | | ✓ | | | |
| 10 | | 2837 | ✓ | | | | | | | | | | STAND ARD BRED | | | ✓ | | RIGHT EYE BLEND | |
| 11 | | 2838 | | | | | | | | | | | | ✓ | | ✓ | | | |
| 12 | | 2839 | | | | | | | | | | | | ✓ | | ✓ | | | |
| 13 | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | |

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\$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

VS FOR

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN
FRONTERAS (DGIF)

EST.

DATE

TIME

12013

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

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FORM
APPROVED
OMB NO.
0579-0160

| | | |
|---|--|---|
| TIME HORSES LOADED ON CONVEYANCE 6:00 PM | DATE 9-24-06 | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE SHREVE, OH. |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | NAME OF AUCTION/MARKET N/A | CONSIGNEE (RECEIVER/DESTINATION) NAME CAVEL INTERNATIONAL |
| CONSIGNOR (OWNER/SHIPPER) NAME [REDACTED] | STREET ADDRESS 108 HARVESTORE DR. | CITY, STATE, ZIP CODE DEKALB, ILL. 60115 |
| STREET ADDRESS 8466 MILLBROOK RD. | AREA CODE & TELEPHONE NO. 330-567-3784 | AREA CODE & TELEPHONE NO. 815-756-8051 |

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip. ☒ Horses are able to bear weight on all 4 limbs.
☒ Foals are older than 6 months of age. ☒ Horses are not blind in both eyes. ☒ Horses are able to walk unassisted.

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | | BREED/TYPE | | | | | SEX | | BRANDS Tattoos, etc. | REMARKS Include existing conditions |
|----|---------------|------------|-------------------|------|------|-------|--------|---------|----|------------|-------|-------|-------|------|------|------|-------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | |
| 1 | US05 | 2950 | | | | | | Serpent | | | | | Mule | ✓ | | | | |
| 2 | | 2951 | ✓ | | | | | | ✓ | | | | | | | | | |
| 3 | | 2952 | | | | ✓ | | | | | | Paint | | | | ✓ | Hobbles | |
| 4 | | 2953 | ✓ | | | | | | | ✓ | | | | | | ✓ | | |
| 5 | | 2954 | ✓ | | | | | | | | | | | ✓ | | | | |
| 6 | | 2955 | | | | | | Serpent | | ✓ | | | | ✓ | | | | |
| 7 | | 2956 | ✓ | | | | | | ✓ | | | | | | | ✓ | | |
| 8 | | 2957 | | | | | | Serpent | | | ✓ | | | | | ✓ | | |
| 9 | | 2958 | | | | | | Serpent | | ✓ | ✓ | | | | | ✓ | | |
| 10 | | 2959 | | | | | | Serpent | | ✓ | | | | | | ✓ | | |
| 11 | | 2960 | ✓ | | | | | | ✓ | | | | | ✓ | | | | |
| 12 | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | |

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [REDACTED]

I HEREBY AFFIRM THAT THE INFORMATION ON THIS DOCUMENT AND THE INFORMATION IN IT AS A BASIS FOR THE ISSUANCE OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)
[REDACTED]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

4:30 P.M.

DATE

11-29-06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Wooster OHIO

NAME OF AUCTION/MARKET

NEW HOLLAND Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

108 HARVESTORE DR.

CITY, STATE, ZIP CODE

DEKALB ILL. 60051

AREA CODE & TELEPHONE NO.

815-546-0925

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☐ Pregnant mares are not likely to foal (give birth) during the trip.

☒ Foals are older than 6 months of age.

☒ Horses are able to bear weight on all 4 limbs.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include existing conditions |
|----|---------------|------------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | |
| 1 | 45013 | 3137 | | | | | | | | | | | | | | | | |
| 2 | | 3138 | | | | | | | | | | | | | | | | |
| 3 | | 3139 | | | | | | | | | | | | | | | | |
| 4 | | 3140 | | | | | | | | | | | | | | | | |
| 5 | | 3141 | | | | | | | | | | | | | | | | |
| 6 | | 3142 | | | | | | | | | | | | | | | | |
| 7 | | 3143 | | | | | | | | | | | | | | | | |
| 8 | | 3144 | | | | | | | | | | | | | | | | |
| 9 | | 3145 | | | | | | | | | | | | | | | | |
| 10 | | 3146 | | | | | | | | | | | | | | | | |
| 11 | | 3147 | | | | | | | | | | | | | | | | |
| 12 | | 3148 | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | |

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

DOCUMENT AND THE INFORMATION IN IT AS
SIFICATION OF THIS FORM OR KNOWINGLY
\$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

**DIRECCION GENERAL DE INSPECCION EN
FRONTERAS (DGIF)**

EST.

DATE

TIME

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

12486

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min., per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

7:30

DATE

12-17-06

VEHICLE LICENSE NO. AND STATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

SHREVE, OH.

NAME OF AUCTION/MARKET

N/A

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

108 HARVESTORE DR.

CITY, STATE, ZIP CODE

DEKALB, ILL. 60115

AREA CODE & TELEPHONE NO.

815 754-8888 (BUS)

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
☒ Foals are older than 6 months of age.

- ☒ Horses are able to bear weight on all 4 limbs.
☒ Horses are not blind in both eyes.

- ☒ Horses are able to walk unassisted.

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS include existing conditions |
|----|---------------|------------|-------------------|------|------|-------|--------|--------------------|------------|----|-------|------|------------|------|-------|------|-------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stall | Geld | | |
| 1 | USCS | 2885 | | | | | | ✓ | | | | | | ✓ | | | | |
| 2 | | 2886 | | | | | | JALA MEND | | ✓ | | | | ✓ | | | | |
| 3 | | 2887 | ✓ | | | | | | | | | | STD BPD | | | ✓ | | |
| 4 | | 2888 | | | | | | | | | | | | | | ✓ | | |
| 5 | | 2889 | | | | | | SURRELL SURRELL | | ✓ | | | | | | ✓ | | |
| 6 | | 2890 | ✓ | | | | | | | | | | STD BPD | | | ✓ | | |
| 7 | | 2891 | ✓ | | | | | | | ✓ | | | | | | ✓ | | |
| 8 | | 2892 | ✓ | | | | | | | ✓ | | | | | | ✓ | | |
| 9 | | 2893 | | ✓ | | | | | | ✓ | | | | | | ✓ | | |
| 10 | | | | | | | | | | | ✓ | | | ✓ | | | | |
| 11 | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | |

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO LOADING ON CONVEYANCE.

THIS DOCUMENT AND THE INFORMATION IN IT AS WELL AS THE SIGNATURE OF THE OWNER/SHIPPER IS A FALSE STATEMENT IF IT IS A FALSIFICATION OF THIS FORM OR KNOWINGLY FALSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$5,000 OR 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

Signature of OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

12419

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions; searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

- THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE
- ☒ Pregnant mares are not likely to foal (give birth) during the trip.
☒ Foals are older than 6 months of age.
☒ Horses are able to bear weight on all 4 limbs.
☒ Horses are not blind in both eyes.
☐ Horses are able to walk unassisted.

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include existing conditions |
|----|---------------|------------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | |
| 1 | USDB | 3851 | | | | | ✓ | | | | ✓ | | | ✓ | | | | |
| 2 | | 3852 | | | ✓ | | ✓ | | | | | | x-B. | ✓ | | | | |
| 3 | | 3853 | | | | | ✓ | | | | ✓ | | | ✓ | | | | |
| 4 | | 3854 | | | | | ✓ | | | | ✓ | | | | | ✓ | | |
| 5 | | 3855 | | | | | ✓ | | | | ✓ | | | | | ✓ | | |
| 6 | | 3856 | | | | | ✓ | | | | | | x-B. | | | ✓ | | |
| 7 | | 3857 | | | | | ✓ | | | | ✓ | | | | | ✓ | | |
| 8 | | 3858 | | | | | | | | | | | | | | | | |
| 9 | | 3859 | | ✓ | | | | | | | ✓ | | | | ✓ | | | |
| 10 | | 3860 | | ✓ | | | | | | | | | x-B. | ✓ | | | | |
| 11 | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | |

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING AND TRAVEL.

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\$10.

MENT AND THE INFORMATION IN IT AS
ATION OF THIS FORM OR KNOWINGLY
RESULT IN A FINE OF NOT MORE THAN
\$10,000 OR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

**DIRECCION GENERAL DE INSPECCION EN
FRONTERAS (DGIF)**

EST.

DATE

TIME