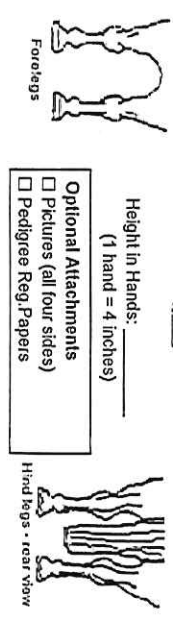
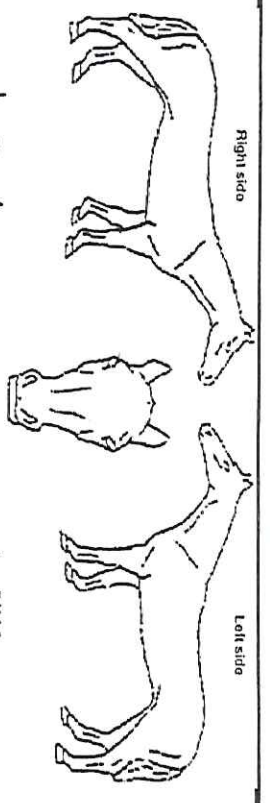


EQUINE INFORMATION DOCUMENT (EID)

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 blue 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/sssa/meavai/manvch17/antexee.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 <input type="checkbox"/> with a flaxen mane and tail	<input type="checkbox"/> Brown <input type="checkbox"/> Bay - Brown <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"/> Blue Roan <input type="checkbox"/> Red Roan
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"/> Patch (colour, shape, position, extent) <input type="checkbox"/> Zebra marks <input type="checkbox"/> Withers stripe <input type="checkbox"/> List	<input type="checkbox"/> Snip <input type="checkbox"/> Fresh mark <input type="checkbox"/> Skewbald (all other color combos) <input type="checkbox"/> White muzzle
Coat markings (check the correct box)	<input type="checkbox"/> Leopard <input type="checkbox"/> List		
Limb markings	Right Foreleg	Left Foreleg	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			

OWNER'S NAME:	_____
FULL ADDRESS:	_____
CITY →	PROV → _____
PHONE NUMBER:	() _____
PRIMARY LOCATION OF ANIMAL:	_____
PRIMARY USE OF ANIMAL:	_____
SEX:	AGE: _____
LIST VISIBLE ACQUIRED MARKS: (brands, tattoos, scars, etc... & location)	HEIGHT: _____

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:** _____ *no black ink*

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: _____

BUYER/ANID OFFICE USE ONLY

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