

EQUINE INFORMATION DOCUMENT (EID)

* AN ORIGINAL OF THIS FORM MUST ACCOMPANY EACH INDIVIDUAL HORSE BEING SOLD AS PER THE TRACEABILITY REQUIREMENTS OUTLINED BY CFIA*
 FILLING INSTRUCTIONS: *DO NOT USE BLACK INK OR DOCUMENT IS VOID AND WILL NOT BE ACCEPTED* *ALL AREAS MUST BE FILLED WITH ACCURATE, TRUE AND COMPLETE INFORMATION* *ALL ERRORS MUST BE CROSSED OUT AND INITIALED* *DOCUMENTS WITH WHITE-OUT WILL NOT BE ACCEPTED*

OWNER'S NAME: John Doe
(Only one owner name required)

MAILING ADDRESS: 1234 Smith Ave Billings MT 59102

PHONE NUMBER: 406 555 5555

*PRIMARY LOCATION OF ANIMAL
 >PLEASE PROVIDE PHYSICAL LAND LOCATION, PREMISE ID, OR BLUE SIGN NUMBER WHERE THE ANIMAL IS KEPT: 1234 Smith Ave

*PRIMARY USE OF ANIMAL (CIRCLE ONE): BREEDING PET SADDLEHORSE RIDING
RODEO OTHER:

*SEX (CIRCLE ONE): STALLION MARE GELDING FILLY COLT

*AGE OF ANIMAL:

*VISIBLE ACQUIRED MARKS & LOCATIONS (BRANDS, TATTOOS, SCARS, ETC.):

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? **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** Yes No
2. Has the animal been diagnosed with an illness during the last 180 days (6 month) or during the time you owned the animal? **If YES, provide details with dates of diagnosis and recovery on the backside of this page** Yes No
3. Has the animal, to your knowledge, been treated with a substance listed under the named substances not permitted for equine use in food processing found in section E.5 (CFIA website) during the last 180 days (6 months) or during the time you owned the animal?
** Yes No

> I understand that a minimum of 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 the EID is accurate and complete and I have had uninterrupted possession, care and control of the animal

FROM (date): _____ TO (date): _____
(mm/dd/yyyy) (dd/mm/yyyy)

OWNER SIGNATURE: John Doe sign here
(Owner named at top of form)

BUYER AND OFFICE USE ONLY

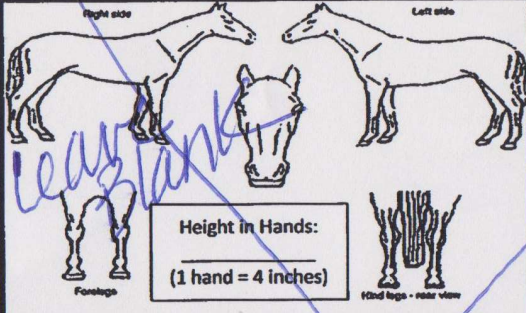
Tag Number: _____

Export Tag Number: _____

RFID (if applicable): _____

Office Serial #: _____

Use the diagram below to illustrate head, coat and limb markings of the animal (DO NOT USE BLACK INK), as well as check the corresponding option in the markings sections. Alternatively, attach a minimum of 4 clear photos showing full face, front, right side, left side and rear of the animal to this form



Body Color (check one)

Black Brown Blue Roan

Red Roan Bay Palomino

Appaloosa Grey Chestnut

Sorrel Dun Cream/White

Piebald Skewbald Buckskin

Chestnut/Sorrel with flaxen mane and tail

Head Markings (check one) Star Blaze Snip Stripe White Face
 Flesh Mark White Muzzle

Coat Markings (check one) Grey Ticked Flecked Black/Dark Marks Leopard
 Zebra Marks Withers Stripe List Patch

Limb Markings (Check all that apply)

	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				

DO NOT FILL OUT

DECLARATION FOR TRANSIENT AGENTS ONLY

The animal identified on this document has been under my care and control
 FROM (date): _____ TO (date): _____
(mm/dd/yyyy) (mm/dd/yyyy)

During this time period, the identified animal has not been given or fed drugs or vaccines and has not shown any signs of illness.

Agent Name: _____ Phone: (____) _____

Address: _____

Signature: _____