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 DATE										С	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE								
VEH	IICLE LICEN	ISE NO. F	AND DR	IVER'S	NAME					N	NAME OF AUCTION/MARKET								
CON	NSIGNOR (O)WNER/S	HIPPEF	R) NAME	Ξ					С	CONSIGNEE (RECEIVER/DESTINATION) NAME								
STR	EET ADDRE	ESS								S	STREET A	ADDRES	38						
CITY	Y, STATE, ZI	IP CODE								С	CITY, STA	TE, ZIP	, CODE						
ARE	EA CODE & T	TELEPHC)NE NO).						А	AREA CODE & TELEPHONE NO.								
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l	$\overline{\top}$	re older th	an 6 mo						<u>l</u>		Horses are not blind in both eyes. Horses are able to walk unassisted.								
	TAG PREFIX	Tag NO.				SCRIPT		T	<u> </u>	_	BREED/TY	_		<u> </u>	SEX	T	BRANDS Tattoos etc	REMARKS Include	
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