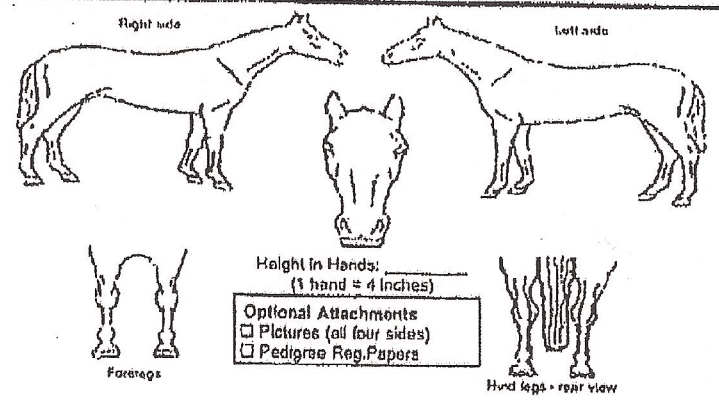


tag #

EQUINE INFORMATION DOCUMENT (EID)



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 or blue 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 Web site:
<http://www.inspection.gc.ca/english/fsa/meavia/man/ch17/annexec.shtm>

Body Color (check the correct box)	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Grey	<input type="checkbox"/> Red Roan	
	<input type="checkbox"/> Bay	<input type="checkbox"/> Bay - Brown	<input type="checkbox"/> Palomino	<input type="checkbox"/> Buck skin	
Head markings (check the correct box)	<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"/> Blond	
	<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	Right Foreleg	Left Foreleg	Right Hind Leg	Left Hind Leg	
	White patch on coronet				
	A: Anterior, L: Lateral P: Posterior, M: Medial				
	White coronet				
	White pastern				
	White fetlock				
	White to knee				
	White to hock				
White to hind quarter					
Variation hoof pigment					

If picture attached no need to fill the left side of this document
 Right side must be fill out completely; if information not know, write not know in the cell

* OWNER'S NAME: _____

* FULL ADDRESS: _____
 * City - St - Zip - _____

* PHONE NUMBER: _____

PRIMARY LOCATION OF ANIMAL: _____

PRIMARY USE OF ANIMAL: _____

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

LIST VISIBLE ACQUIRED MARKS: _____ (brands, tattoos, 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 all 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: _____