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: _____
(Only one owner name required)

MAILING ADDRESS: _____

PHONE NUMBER: (_____) _____

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

***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):** _____
(dd/mm/yyyy) (dd/mm/yyyy)

OWNER SIGNATURE: _____
(Owner named at top of form)

BUYER AND OFFICE USE ONLY

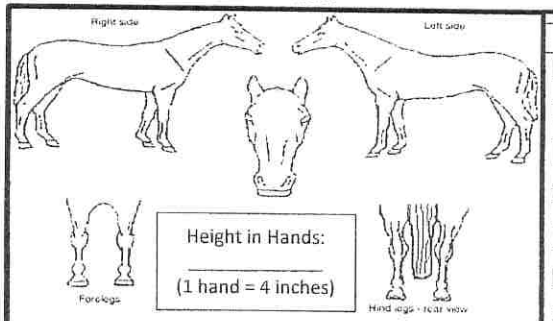
Tag Number:

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				

DECLARATION FOR TRANSIENT AGENTS ONLY

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

****** Falsification of this form or knowingly using a falsified form is an indictable offence and may result in a fine and/or prosecution. ******

Revised February 9, 2022