

# RECORD OF LIVESTOCK MOVEMENT

<b>DESTINATION /PURCHASER /AGENT NAME</b>						
Address:					Premises ID:	
Town:		Province:		Postal Code:	Phone #:	
<b>TRANSPORTER COMPANY NAME:</b>						
Address:						
Town:		Province:		Postal Code:	Phone #:	
Trailer Unit or License Plate:				Driver:		
Conveyance Last Cleaned Date:				Time:	Location:	
<b>OWNER NAME:</b>					Premises ID:	
Address:						
Town:		Province:		Postal Code:	Phone #:	
Individual CCIA Tag Numbers Attached <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>ANIMALS LOADED</b>		Loading Date (yyyy/mm/dd):		Loading Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		
Last access to feed water and rest (FWR) prior to loading			Date:	Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Location address (if different from owner address)						
Tag/Lot/ Pen #	Head Count	Species	Gender/ Type	CCIA tags	Identifying Mark	Trucking Rate
Floor area available to animals (m <sup>2</sup> /ft <sup>2</sup> )				Estimated Weight (lbs or kgs)		
All animals have been determined to be fit for transport <input type="checkbox"/> Yes <input type="checkbox"/> No				Number of compromised animals loaded		
Compromised animal(s) description and measures taken:						
If applicable, FWR was provided during transport Date:			Time:	Location:		
<input type="checkbox"/> Animals unloaded for FWR		<input type="checkbox"/> FWR provided on board				
<b>Transfer of Care to the RECEIVER (auction market / assembly yard / dealer / abattoir)</b>						
Date Received(yyy/mm/dd):		Unloading Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM	# of head received:	
All animals arrived in good condition <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, describe condition of animals upon arrival, including any dead animals, and actions taken to address prior to arrival:						
Comments: <i>If Shipper is not the Owner, please include name, full mailing address, premises identification and telephone number of the Shipper(s) here.</i>						
					Driver Signature	

The transfer of care from the transporter to the receiver occurs immediately upon acknowledgement of the shipment and the accompanying documentation by the receiver.

Copies Receiver

Transporter

Owner

Inspector