

## **RECORD OF LIVESTOCK MOVEMENT**

DESTINATION /PURCHASER /AGENT NAME							
Address:						Premises ID:	
Town:	Pro	vince:	Postal Code:			Phone #:	
TRANSPORTER COMPANY NAME:							
Address:							
Town:		vince:	Postal Code:	Postal Code:		Phone #:	
Trailer Unit or License	e Plate:		Driver:				
Conveyance Last Cle	aned Date:		Time:			Location:	
OWNER NAME:					Premises ID:		
Address:							
Town:		vince:	Postal Code:			Phone #:	
Individual CCIA Tag Numbers Attached □Yes □ No							
ANIMALS LOAD	<b>ED</b> Loading	Date (yyyy/mm/dd):	n/dd): Loading Time			<b>)</b> :	$\square$ AM $\square$ PM
Last access to feed water and rest (FWR) prior to loading			Date: Tim		Time:	: □ AM □ PM	
Location address (if o	ifferent from owner add	dress)		1			
Tag/Lot/ Pen#	Head Count	Species	Gender/ Type	CCIA tags		Identifying Mark	Trucking Rate
Floor area available to animals (m² /ft²)  Estimated Weight (lbs or kgs)							
All animals have been determined to be fit for transport							
Compromised animal(s) description and measures taken:							
If applicable, FWR was provided during tra		enort Date:	Time:	Location		nn·	
		☐ FWR provided o			Locatio	л.	
Transfer of Care to the RECEIVER (auction market / assembly yard / dealer / abattoir)							
Date Received(yyy/mm/dd):		Unloading Time: □AM □ PM		# of head received:			
All animals arrived in good condition ☐ Yes ☐ No							
If no, describe condition of animals upon arrival, including any dead animals, and actions taken to address prior to arrival:							
Comments:							
If Shipper is not the Owner, please include name, full mailing address, premises identification and telephone number of the Shipper(s)							
here.							
					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