

## **EID 2016 COMPLETION INSTRUCTIONS**

### ***IMPORTANT FACTS FOR COMPLETION***

- **NO BLACK INK!** Form will be considered void if completed in black pen.
- **MUST BE COMPLETED ACCURATLY!** Form must be fully completed, dated and signed by the owner of the horse. Ensure PAGE 1 AND 2 are filled out.
- **INITIAL CHANGES!** Any corrections or changes must be written clearly and must be initialed by the owner.
- **DO NOT USE WHITEOUT!**
- **FORM MUST BE PRINTED CLEARLY.** Must be legible and neat with little changes, mistakes and scribbles.

**PLEASE BE ADVISED THAT THIS A GOVERNMENT ISSUED FORM  
AND MUST BE FILLED OUT CORRECTLY OR DOCUMENT IS VOID!**

### ***INSTRUCTIONS FOR COMPLETION – PAGE 1***

- Owners Name – Complete Name of the horses' owner. Company names must include a contact name.
- Phone Number – Complete Cell number preferably as you may be contacted by CFIA.
- Full Address – Full mailing address including City, Province and Postal Code.
- Primary Location Of Animal – Must be A Legal Land Location, Fire Address, or Premise ID Number.
- Primary Use – Check the box that applies.
- Sex of Animal – Check the box that applies.
- Age of Horse – Age in years. If unknown write approximate.
- Height In Hands – If unknown please leave blank (auction house will assist you).

**Section # 1:** *Food processing declaration.* Please check the appropriate box and initial beside.

**Section # 2:** *Substances not permitted for use in food producing declaration.* Please check the appropriate box, fill in the table if needed, and initial beside.

**Section # 3:** *Medication, vaccines or treatment declaration.* Please check the appropriate box, fill in the table if needed, and initial beside.

**Section # 4:** *Deworming declaration.* Please fill out the box below with correct information. If the horse has received no deworming treatment strike the box out. Initial beside.

**Section # 5:** *Illness diagnosis declaration.* Check the appropriate box, fill in the table below if needed, initial beside.

**Section # 6:** *Pregnant declaration.* Check the box if you know the mare is in foal. Is so please state how many weeks, or how many months. If the horse is a gelding or stud please check the no box. Initial beside.

### **OWNER DECLARATION:**

Fill in the correct dates and sign below.

FROM: when you had obtained the horse.

TO: the date the horse is sold, should be the date of the auction sale.

**\*\*Ensure you use the MONTH/DAY/YEAR Format. \*\***

Signature of the owner below.

### **TRANSIENT AGENT DECLARATION & AGENTS STAMP:**

TO BE LEFT BLANK BY THE OWNER.

Document is void if filled in by the owner.

DO NOT fill in dates for transient agent.

DO NOT complete the agent stamp section.

This section is to be done by the buyer of the horse only!

**TAG NUMBER 1 & 2:** Left blank by the owner. To be done by the Auction House.

## ***INSTRUCTIONS FOR COMPLETION – PAGE 2***

**Acquired Marks Box:** list all visible brands and locations. List prominent scars and tattoos.

**Height In Hands Box:** If unsure leave blank. Auction house will assist you.

**Body Color:** Choose the most appropriate color.

**Head Markings:** Choose the most appropriate box or boxes for head markings.

**Coat Markings:** Choose the most appropriate box or boxes for coat markings.

**Limb Markings:** Choose the most appropriate box or boxes for coat markings.

**Complete the Diagram:** Mark and indicate the WHITE AREAS ONLY of the horse with RED PEN on the diagram.

**\*\* PLEASE SEE ATTACHED EXAMPLE EID FORM FOR REFERENCE \*\***

★ Blue PEN ONLY

### EQUINE INFORMATION DOCUMENT (EID)

OWNER'S NAME: John Smith      PHONE NUMBER: 888-222-4444

FULL ADDRESS: Box 123      CITY: Anywhere, AB      ZIP CODE: T1A 1A1

PRIMARY LOCATION OF ANIMAL:  Same as above      If not same as above, please specify: AB1234567 or RR1 Somewhere, AB T0X 0X0

PRIMARY USE OF ANIMAL:  Recreation/Pleasure/Riding     Work/Ranch     Breeding     Rodeo/Show     If other, specify:

SEX:  Mare     Gelding     Stud      AGE OF HORSE: 10      HEIGHT IN HANDS (1 hand = 4 inches): 14.3

1. Are you aware that your horse could be sold for food processing and some medications given to your horse could put at risk human health?  
**NOTE that if you falsely declare, penalty will ensue**       Yes     No      Initials: JS

2. 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 food producing equine found in the Meat Hygiene Manual of Procedures, Chapter 17, Annex E, section E.5 during the last 180 days, or during the time you owned the animal? If YES: write the name of the medication(s), treatment(s) or vaccine(s), last date of use, withdrawal period for medications and withdrawal period for medications amount used (dose) per treatment. If the label does not indicate a dose or if medications is used a dosage different than the label indicates, please write them below too :       Yes     No      Initials: JS

Medications/treatments/vaccines	Last date of use	Route	Dose	Withdrawal period

3. To your knowledge, have any medications, treatments or vaccines been administered to or consumed by the animal during the last 180 days or during the time you owned the animal? (ex: Phenylbutazone, penicillin, etc)       Yes     No      Initials: JS

Medications/treatments/vaccines	Last date of use	Route	Dose	Withdrawal period

4. When is the last time the animal identified on this document received a deworming treatment? (Ivermectin, Moxidectin, Equimax, Eqvalan, Quest, Quest Plus) If the animal never been dewormed, stripe out this table. If YES, please write the details below:      Initials: JS

Medications/treatments/vaccines	Last date of use	Route	Dose	Withdrawal period

5. Has the animal identified on this document to your knowledge been diagnosed with an illness, shown signs of any illness or deviation from normal behaviour during the last 180 days or during the time you owned the animal? (for ex: abscess, anomaly, weakness, abnormal, breathing, gait, posture) If YES: please write it below with the details medications that have been administered for recovery.       Yes     No      Initials: JS

Illness/Anomaly name	Diagnosis date	Recovery date	Medications received?


6. If the animal identified on this document is a female, to your knowledge, is she pregnant? If so, how long she is?       Yes     No      Initials: JS

If YES:  How many weeks      OR       How many months

**OWNER DECLARATION:** I am the owner of the animal identified on this document and have had uninterrupted possession, care and control of the animal. I always treated the animal with respect and care to meet the needs. **no black ink**

From  10 MM  03 DD  12 YY      To  01 MM  01 DD  16 YY

As the owner of the animal identified on this document I hereby certify that the information in this EID is accurate and complete. I understand that at least six continuous months of documented acceptable history is required for an equine presented for processing in an establishment inspected by CFIA.

Signature of owner:       **NOTE that if you falsely declare, penalty will ensue.**

**TRANSIENT AGENT DECLARATION:** The animal identified on this document has been under my care and control. **no black ink**

From  MM  DD  YY      To  MM  DD  YY

During this time period the identified animal has not been given or fed drugs or vaccines or vaccines and has not shown any signs of illness or deviation from behaviour.

**NOTE that if you falsely declare, penalty will ensue.**

Signature of agent: \_\_\_\_\_

AGENTS STAMP	
Name	
Address	
Phone #	

TAG NUMBER 1	TAG NUMBER 2

# EQUINE INFORMATION DOCUMENT (EID)

**LIST VISIBLE ACQUIRED MARKS:**

(brands, tatoos, scars, etc....& location) ▽ LS

Height in Hands:

(1 hand = 4 Inches) 14.3

<p style="text-align: center;"><b>Body Color</b> (check the correct box)</p>	<input checked="" type="checkbox"/> Black <input type="checkbox"/> Dark Bay <input type="checkbox"/> Bay <input type="checkbox"/> Bay - Brown <input type="checkbox"/> Bay - Roan <input type="checkbox"/> Brown <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"/> Blond <input type="checkbox"/> Palomino <input type="checkbox"/> Buck Skin <input type="checkbox"/> Cream <input type="checkbox"/> Grullo <input type="checkbox"/> Grey <input type="checkbox"/> White <input type="checkbox"/> Dun <input type="checkbox"/> Blue - Roan <input type="checkbox"/> Red - Roan	<input type="checkbox"/> Strawberry <input type="checkbox"/> Appaloosa <input type="checkbox"/> Black & White <input type="checkbox"/> Bay & White <input type="checkbox"/> Chestnut & White <input type="checkbox"/> Sorrel & White <input type="checkbox"/> Plebald (Black & white)	<input type="checkbox"/> Skewbald (Color combos) <input type="checkbox"/> Bay & White <input type="checkbox"/> Chestnut & White <input type="checkbox"/> Sorrel & White <input type="checkbox"/> Palomino & White <input type="checkbox"/> Grey & White
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For more explanation on the color terms or marks, consult the Web site:

<http://www.inspection.qc.ca/english/fssa/meavia/man/ch17/annexee.shtml>

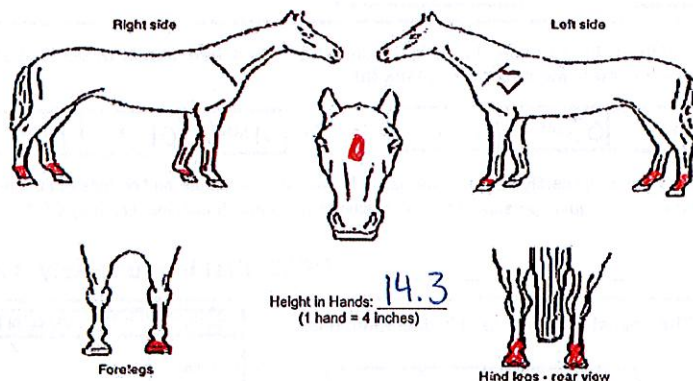
<p style="text-align: center;"><b>Head markings</b> (check the correct box)</p>	<input type="checkbox"/> Few hair (Star) <input type="checkbox"/> Blaze <input type="checkbox"/> None	<input checked="" type="checkbox"/> Star <input type="checkbox"/> White face	<input type="checkbox"/> Stripe <input type="checkbox"/> Flesh mark	<input type="checkbox"/> Snip <input type="checkbox"/> White muzzle
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<p style="text-align: center;"><b>Coat markings</b> (Check the correct box)</p>	<input type="checkbox"/> Grey ticked <input type="checkbox"/> Flecked <input type="checkbox"/> List	<input type="checkbox"/> Black/Dark marl <input type="checkbox"/> Leopard <input type="checkbox"/> None	<input type="checkbox"/> Patch ( colour,shape,position,extent) <input type="checkbox"/> Zebra marks <input type="checkbox"/> Withers stripe
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Limb markings <input type="checkbox"/> None	Left Foreleg	Right Foreleg	Left Hind Leg	Right Hind Leg
White patch on coronet				
A: Anterior, L: Lateral				
P: Posterior, M: Medial				
White coronet	x			
White pastern				
White fetlock			x	x
White to knee				
White to hock				
White to hind quarter				
Variation hoof pigment				
Light Legs				
White Legs				

**PICTURES:** Attach by stapling to this document clear printed color pictures showing each of the views of the animal in this document. The picture's views required are (one picture per view): the right-hand side, the left-hand side, the face and the tag number. The pictures **ARE MANDATORY (#505)** and should be large enough to see the details required (tag number's view is optional). The views shall can be printed on a standard 8.5"X11" page.

★ USE  
RED  
PEN



**DRAWING:** Lines have 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 there is an official passport, the passport may be attached. Attached EID from the previous owner(s).