

E.2 Equine Information Document



Canadian Food
Inspection Agency

Agence canadienne
d'inspection des aliments

EQUINE INFORMATION DOCUMENT

This document represents and provides for the minimum requirements of written and pictorial identification as well as a record of medical history and declaration for equine (horses, donkeys, zebras and their crosses) presented for slaughter in Canada. Alternatives to filling out the written description and picture identification below are given at the end of Part 1.

Part 1 Identification

Written Identification

Name of the animal (write N/A if the animal has no name)

Primary location of the animal
(Land location or legal address or Premise Identification Number)

Primary use(s) of the animal. Circle one or more of the following: recreation/companion animal/
pleasure riding, breeding, ranch/farm work, public work, private industry work,
performance/sport/show, racing, rodeo, urine production, food production, if other please specify

Sex - Mare/Filly, Gelding, Stud/Colt (Circle one) month and year of birth . (if known)

Country of Birth (if known) Height in hands (1 hand = 4 inches)
Refer to Section [E.3](#) for terms to be used for the following equine colour and marking
identification section

Body Color

Markings: Head

Body

Limbs: Right Front Right Hind

Left Front Left Hind

The following seven items must be completed or marked N/A if not applicable

Pedigree registry and registration number

Microchip number and location

Passport ID number

Unique Equine Life Number

Or other unique identifier

In the case of an Equine Information Document completed by the previous owner; name of
previous owner:

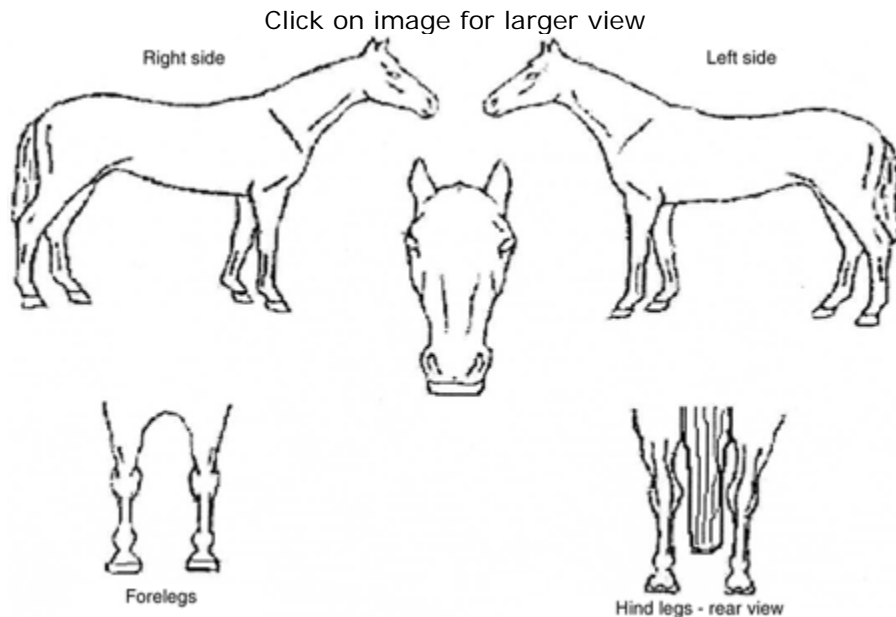
List visible acquired marks (brands, tattoos, scars, etc.) and location

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Picture Identification

Attach, by stapling to this document, a single page containing the name (if applicable) of the equine and clear printed colour pictures of the animal showing each of the views in the diagram below. The pictures should be large enough to see the detail required. The views shall be printed on a standard 8.5 X 11" page. Ensure that at least 90% of the picture contains the side or portion of the animal shown in the part of the diagram below to be depicted. Take close ups of any visible acquired marks such as brands and attach. **Owners, please ensure that the written description and pictures attached agree and then sign and date the picture page.**

Diagram



Alternatives to Written and Picture Identification

The picture and written description identification in the above sections will not be required to be fully completed if the identification information listed above is contained in either of the following four alternative options. Any information required above but not contained in the options below must be completed in the applicable section above.

1. The written description information and as a substitute for pictures, the silhouette above, is completed by a licensed Veterinarian or an authorized person*. Lines are to be drawn on the diagrams above representing white areas on the animal where applicable. Mark whorls with an "X". Mark the location of scars with an arrow ->. Draw in acquired marks e.g. brands.

Name and signature of Veterinarian/authorized person

License/authorization number

* Authorized persons would include those authorized by an *Animal Pedigree Act* recognized pedigree registry, or recognized by Equine Canada to issue identification passports or brand inspectors employed provincially.

2. For pedigree registered animals that have official registration papers with picture and written description identification, a legible colour copy of the registration papers may be attached to this document.
3. For non pedigree registered equines with an official passport, the passport may be attached.
4. When a complete Equine Information Document (EID) (including part 1) has been provided by a previous owner(s), provided that the EID from the previous owner(s) is attached to this document.

Part 2 History

I, (name of owner) of / / / / - -

(state your full contact address, (street number or post office box number/city/province or state/ postal code or zip code, phone number) am the owner** of the animal identified on this document and have had uninterrupted possession, care or control of the animal identified below from (indicate date care or control started) to (indicate end date).

1. Have any drugs or vaccines been administered to or consumed by the animal during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal? Circle Yes or No. If yes, write the name the drug(s) or vaccine(s), last date of use, withdrawal period(s) *** and for drugs, the amount used (dose) per treatment if the label does not indicate a dose or if drug is used at a dosage different than the label indicates

(use back of page if more space is needed).

2. Has the animal identified on this document to your knowledge been diagnosed with an illness during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal? Circle Yes or No. If yes, provide details with dates of diagnosis and recovery

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 food producing equine found in section [E.4](#) during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal, Circle Yes or No.

Notes

** An owner is a person who owns or has the possession, care or control of an animal.

*** For information on withdrawal periods for drugs safe for use in food producing animals but without a withdrawal period for equine listed on the label, please consult sections [E.5](#) and [E.6](#) or contact your veterinarian. Indicate the withdrawal period (number of days/hours before the animal can be slaughtered) for vaccines found on the label.

Part 3 Declaration

OWNER DECLARATION

As the owner of the animal identified on this document I hereby certify that the information stated in this Equine Information Document is accurate and complete.

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 the Canadian Food Inspection Agency. As such, I have the option of attaching to this document, completed Equine Information Document(s) from previous owner(s) in order to cover the required six continuous months of documented history.

(Signature of owner)

/ / (Date DD/MM/YY)