Document for an Approved Emergency Slaughter at a Provincially Licensed Establishment

The veterinary practitioner must complete this document at the licensed establishment.

To be filled in by Veterinary Practitioner

Species slaughtered: ____________________________

Age of animal: ____________ Approved identification #: ____________________________

(CCIA, CSIP ear tag, or PIGTRACE ID)

Reason for emergency slaughter: ☐ Undue suffering ☐ Behaviour/size of animal

History of animal’s condition: ________________________________________________________

________________________________________________________________________________

Clinical Examination Results

Results of clinical examination: _______________________________________________________

________________________________________________________________________________

☐ I verify that this animal was humanely stunned and properly bled

Time of stunning: _______ am/pm Time of bleeding: _______ am/pm

It is my opinion that this animal would incur additional undue suffering, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

Veterinary Practitioner: ______________________________ (Veterinary Practitioner Signature) __________________________ (Print Name)

Clinic/Practice Name: __________________________________________________________________________ Date: __________ (yyyy/mm/dd)

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: __________ am/pm __________ am/pm

(yyyy/mm/dd) (time)

Establishment Name: ____________________________________________ Establishment Number _________

Operator: ______________________________ ____________________________ (Signature) (Print Name)

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: __________ am/pm __________ am/pm

(yyyy/mm/dd) (time)

Disposition, if condemned provide reason: ______________________________________________________

Inspector: ______________________________ (Inspector ID#) __________________________ (Signature) (Print Name)