



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
(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
(yyyy/mm/dd) (time)

Disposition, if condemned provide reason: _____

Inspector: _____
(Inspector ID#) (Signature) (Print Name)