
A veterinary practitioner must complete this document for each animal and ensure that it is transported with the carcass or carcasses to the licensed establishment.

To be filled in by Veterinary Practitioner

CFIA - SRM transport permit #: _____ Species slaughtered: _____

(All cattle require an SRM Permit from the Canadian Food Inspection Agency. The emergency permit number is 1-866-788-8155)

Age of animal: _____ Approved identification #: _____
(CCIA, CSIP ear tag, or PIGTRACE ID)

Reason for emergency slaughter: Inhumane to transport 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 Time carcass shipped: _____ am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter, and has undergone the proper withdrawal time for any veterinary drugs or treatments.

Veterinary Practitioner: _____
(Veterinarian Signature) (Print Name)

Clinic/Practice Name: _____ Date: _____
(yyyy/mm/dd)

PRODUCER or AGENT DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Producer or Agent: _____
(Signature) (Print Name)

To be completed by Establishment Operator

Date and time carcass arrived at establishment: _____ am/pm
(yyyy/mm/dd) (time)

Establishment Name: _____ B.C. Establishment Number: _____

Operator: _____
(Signature) (Print Name)

To be completed by Meat Hygiene Inspector

Date: _____ Time _____ am/pm
(yyyy/mm/dd)

Disposition (if condemned provide reason): _____

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