Approved Emergency Slaughter at a Provincially Licensed Establishment

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

To be completed 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 is likely to suffer, is otherwise 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 completed by 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 completed by 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)