Document for an Approved Emergency Slaughter on Farm

The veterinary practitioner must complete and ship this document with the carcass to the licensed establishment.

To be filled in by Veterinary Practitioner

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

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. The SRM 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 filled in by the Establishment Operator

Date and time carcass arrived at establishment: __________________________ am/pm ________ am/pm 

Establishment Name: __________________________ Establishment Number: __________

Operator: ________________________________ (Signature) __________________________ (Print Name)

To be filled in by the Meat Hygiene Inspector

Date: __________________________ Time __________________________ am/pm 

Disposition (if condemned provide reason): __________________________________________________

Inspector: __________ (Inspector ID #) ________________________________ (Signature) __________________________ (Print Name)