



# 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  
(yyyy/mm/dd) (time)

Establishment Name: \_\_\_\_\_ Establishment Number: \_\_\_\_\_

Operator: \_\_\_\_\_  
(Signature) (Print Name)

**To be filled in by the Meat Hygiene Inspector**

Date: \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
(yyyy/mm/dd)

Disposition (if condemned provide reason): \_\_\_\_\_

Inspector: \_\_\_\_\_  
(Inspector ID #) (Signature) (Print Name)