

Veal Cattle Transport Record

This document will need to be filled out and transported with each load.

Is the shipper the owner of the veal cattle?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date: (dd/mm/yyyy)		Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Producer information	Producer name:		
	Producer address:		
	Phone number:		
	Premise ID:		
	Emergency contact number:		
Shipper information	Drivers name:		
	Name and address of transport company:		
	Province and license plate number of truck and trailer:		
	Phone number:		
	Emergency contact number:		
Conveyance/trailer	Cleaned and disinfected	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
		Location:	
	Area – floor area available to animals (m ² or ft ²):		
Loading			
Animal description	Species:	Bovine-veal cattle	
	Number of head:		Approx. weight:
	Purpose of travel:		
	Fit for transport:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are all animals in good condition at the time of loading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If no, please explain:		
Loading & transport	Feed, water, and rest: (last access prior to loading)	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
	Date of loading: (dd/mm/yyyy)	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Receiver	Name:		
	Company name:		
	Address:		
	Premise ID:		
	Time of Receiver unloading (dd/mm/yyyy)	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
	Contact number in case of emergency:		
	Are all animals in good condition at the time of arrival?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:			
Signatures	Shipper signature	Transporter signature	Consignee signature
	The transfer of care from the transporter to the receiver occurs immediately upon acknowledgment of the shipment and the accompanying documentation by the receiver.		
	<i>This record must be retained for a period of two years.</i>		