

## ANIMAL TRANSPORT RECORD

LOADING THE SHIPMENT	
Date of shipment:	Time of loading:
Producer/shipper name:	PID number, if available:
Producer/shipper address:	
Name and address of transport company:	
Driver(s) name(s):	
License/registration number of trailer:	
Area – floor area available to animals (m <sup>2</sup> or ft <sup>2</sup> ):	
Date and place trailer was last cleaned/disinfected:	
Number of animals on load:	Estimated total weight of animals on load:
Description of animals on the load, i.e. purpose of travel, sex, type (cull cows, feeders, etc.):	
All animals have been determined to be fit for transport YES <input type="checkbox"/> NO <input type="checkbox"/>	Number of compromised animals loaded:
Compromised animal(s) description and measures taken:	

**Date and time of last access to feed, water and rest prior to loading:**

Date:

Time:

**IN TRANSIT**

**If applicable, provide the date, time/duration and place where the animals had access to feed, water and rest during transit:**

Date:

Time/duration:

Location:

**ARRIVAL AT DESTINATION**

**Date of arrival:**

**Time unloaded:**

**Receiving company name:**

**Receiving individual name:**

**Destination address:**

**Arrival:** All animals arrived in good condition YES  NO  If no, please complete the box below

**Condition of animals upon arrival, including any dead animals, and actions taken to address prior to arrival:**

**Shipper Signature:**

**Transporter Signature:**

**Receiver Signature:**

**The transfer of care from the transporter to the receiver occurs immediately upon acknowledgement of the shipment and the accompanying documentation by the receiver.**