



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 ² or ft ²):			
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 <input type="checkbox"/> NO <input type="checkbox"/> If no, please complete the box below			
Condition of animals upon arrival, including any dead animals, and actions taken to address prior to arrival:			
Owner or 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.