

# 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 <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.		