

PigTrace Canada Swine Movement Document (2011 Edition)



* Indicates Required Field

SECTION 1: ORIGINATING SITE	
Site Name:	Phone #:
* Premises ID:	CQA#:
* Date of Departure: Y Y Y Y / M M / D D	* Time of Departure:
The undersigned certifies that any drugs and/or chemicals that have been delivered or consumed by the animals subject to this document have met all necessary withdrawal periods as recommended by the manufacturer or ordered by a veterinarian.	
Producer (or representative) signature _____	Medication Withdrawl Date Y Y Y Y / M M / D D
Comments:	

SECTION 2: TRANSPORTER			
Name of Transport Company:		Phone #:	
Trucker #	TOA#:	Unit #:	* License Plate #:
Driver Name (Print):		Driver Signature: _____	
Comments:			

SECTION 3: DESTINATION SITE			
Site Name:		* Premises ID:	
Destination Type:	Packing Plant Assembly Yard Farm Other: _____		
* Date of Receipt: Y Y Y Y / M M / D D	* Time of Receipt:		
Receiver's Signature: _____			
Comments:			

Producer #	Market Hog Tattoo#	Shipped Count						Weight (Optional)	Receiver's Count
		Hogs	Sows	Boars	SEWs	Feeders	Deads		
								Total Weight	Total Received