



# ANNEX 4

## Swine Movement Document – A.Y

### Canadian Ractopamine-Free Pork Certification Program

NAME OF PRODUCTION BARN ( <u>SAME AS CQA</u> ) :	CQA NUMBER	DATE (mm/dd/yyyy):
NAME AND ADDRESS OF THE CURRENT VETERINARY CLINIC: (FOR THE LAST 6 MONTHS )		

PREMISE IDENTIFICATION NUMBER	TATOO NUMBER	NUMBER OF HOGS	END OF BATCH/LOT
			<input type="checkbox"/>
			<input type="checkbox"/>

**Declarations: movement from the farm or assembly yard to the abattoir.**

- I attest these pigs were produced in accordance with the CQA Program standards. All prescribed withdrawal period has been observed for any medication administered (including medicated feed). These pigs did not receive any substances which might render their meat unfit for human consumption these pigs are healthy and have not tested positive for any condition that might render their meat unfit for human consumption; they are identified in accordance with the Health of Animals Regulations, Part XV-Animal identification.
- I attest that these pigs were not fed with feed containing ractopamine and were produced in accordance with the Canadian Ractopamine-Free Pork Certification Program (CRFPCP). These pigs were born and raised in Canada
- I certify that if the shipped hogs were treated with any products of the tetracycline group (Tetracycline, Chlortetracycline and Oxytetracycline), a withdrawal period of 60 days has been met in accordance with the requirements on certain chemical residues for meat exports to certain countries.
- I agree that, as a hog producer, I share the welfare responsibility of the animals raised on my farm.

Comments :

Name of Producer or Person in charge :

Printed Name

Signature

Date (mm/dd/yyyy)

Assembly Yard Name :	<input type="checkbox"/> Not applicable
I hereby certify that this assembly yard is enrolled in the CRFPCP	Premise ID or Yard code #
Name of Owner or Person in Charge (Printed)	Signature
	Date (mm/dd/yyyy)

1<sup>er</sup> transporter

2<sup>e</sup> transporter (IF APPLICABLE)

TRANSPORTATION COMPANY :		
DRIVER'S NAME :		
DRIVER'S TQA NUMBER :		
TIME OF DEPARTURE FROM THE FARM :		
TRAILER PLATE NUMBER :		

- I hereby certify that these pigs were not mixed during transport with pigs non-certified to the CRFPCP and the truck was fully cleaned if livestock that may have come in contact with Ractopamine were previously transported in this vehicle
- I agree that, as a hog transporter, I share the welfare responsibility of the animals delivered to the slaughterhouse.

1<sup>st</sup> Driver's signature

(Date mm/dd/yyyy)

2<sup>nd</sup> Driver's signature (if applicable)

Date (mm/dd/yyyy)

**RESERVED FOR THE SLAUGHTERHOUSE**

DATE OF RECEIPT (mm/dd/yyyy):	TIME OF RECEPTION :	# QC	PLANT NAME	☒
		1550076	Princeville	<input type="checkbox"/>
PLANT RECEIVER NAME :		1549946	Saint-Esprit	<input type="checkbox"/>
		1550067	ATrahan	<input type="checkbox"/>
Printed Name	Signature	1550087	Vallée-Jonction	<input type="checkbox"/>



**ADDITIONAL INFORMATION**

**CQA NUMBER:** \_\_\_\_\_ \*

- 3G (Yorkshire X Landrace X Duroc)
- Grain Fed only
- Grain Fed and Antibiotic Free
- Grain Fed, No Animal By-Products and Antibiotic Free
- Other: \_\_\_\_\_

**Visual Identifiers of Pigs Removed from Antibiotic Free Program**

Select One	
<input type="checkbox"/>	Dot
<input type="checkbox"/>	Line

Select One			
<input type="checkbox"/>	Blue	<input type="checkbox"/>	Green
<input type="checkbox"/>	Red	<input type="checkbox"/>	Orange

**PRINT THIS PAGE ON THE BACK OF THE FIRST PAGE  
OR  
STAPLE THIS PAGE ON THE FIRST PAGE**

\* CQA number only for those who staple the 2 pages