

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W Holstein

Age of Animal: 5y Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer.

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 21/02/2014  
(dd/mm/yyyy)

Time of stunning: 11:02 am/pm

Time after bleeding: 11:07 am/pm

Time carcass shipped: 11:30 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the above information is accurate:  
s.79

Name: \_\_\_\_\_  
s.79

Date: Feb 21 2014  
(dd/mm/yyyy)

\_\_\_\_\_  
s.79

\_\_\_\_\_  
s.79

Name:

(Veterinarian Print Name)

Date: 21/02/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 21/02/14 1240 A  
s.79

Operator: \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/02/14 1300 am/pm  
s.79

Inspector: \_\_\_\_\_



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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W Holstein

Age of Animal: 5 y Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer - Hurt Leg

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 21/02/2014  
(dd/mm/yyyy)

Time of stunning: 10:59 am/pm

Time after bleeding: 11:05 am/pm

Time carcass shipped: 11:30 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

We hereby certify that the above information is accurate:  
s.79

Name: \_\_\_\_\_

Date: Feb 21 2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_

ie: \_\_\_\_\_

Date: 21/02/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 21/02/14 12:40 am/pm  
s.79 s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/02/14 1300 am/pm  
s.79 s.79

Inspector: \_\_\_\_\_



Ministry of  
Agriculture

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color bread markings) B+W / HOLSTEIN  
Age of Animal: 6 s.79 Ear Tag

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: HOBLED COW

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 24/02/2014  
(dd/mm/yyyy)

Time of stunning: 8:45 am/pm

Time after bleeding: 8:47 am/pm

Time carcass shipped: 9 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We confirm information is accurate: s.79

Name: \_\_\_\_\_  
Owner Print Name

Date: 24/02/2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_

Date: 24/02/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 24/02/2014 9:55 am/pm  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 24/02/2014 10:00 am/pm  
s.79

Inspector: \_\_\_\_\_

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blw, Holstein

Age of Animal: 5y Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: splitz, Leg injury

#### ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of fracture / Ligament rupture - LH Leg

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 27/02/14  
(dd/mm/yyyy)

Time of stunning: 7:35 am/pm Time after bleeding: 7:38 am/pm Time carcass shipped: 7:43 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We <sup>s.79</sup> hereby certify that the above information is accurate: <sup>s.79</sup>

Name: \_\_\_\_\_ Date: 27/02/14  
(dd/mm/yyyy) <sup>s.79</sup> (Veterinarian Print Name) <sup>s.79</sup> (dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: Feb/27/2014 8:45 am/pm <sup>s.79</sup>

Operator: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 27/02/2014 8:55 am/pm <sup>s.79</sup>

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_





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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein Female  
Age of Animal: 3.5 yrs. Ear Tag #: s.79

Verification reason for emergency slaughter: ☐ Inhumane to transport ☒ Behaviour / size of animal

Describe condition identified above: Cow flat out, severe distress, difficulty breathing.  
SORE LEG

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Severe Eclampsia

☐ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 03/03/2014  
(dd/mm/yyyy)

Time of stunning: 9:08 am/pm Time after bleeding: 9:13 am/pm Time carcass shipped: 9:23 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☐ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

We her

mation is accurate: s.79

Name: \_\_\_\_\_

Date: 03/03/2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 03/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_

s.79

March 03 / 2014  
(dd/mm/yyyy)

10:10 am/pm  
(time)

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

s.79

03/03/2014  
(dd/mm/yyyy)

10:10 am/pm  
(time)

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black/white Holstein  
Age of Animal: 5 yr Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: animal down post partum

#### ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 06/03/2014  
(dd/mm/yyyy)

Time of stunning: 9:21 am/pm Time after bleeding: 9:25 am/pm Time carcass shipped: 9:34 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We s.79

information is accurate: \_\_\_\_\_

s.79

Name: \_\_\_\_\_

Owner Print Name: \_\_\_\_\_

Date: 06/03/14  
(dd/mm/yyyy)

s.79

s.79

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 06/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 06/03/14 9:57  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 06/03/2014 10:00 am/pm  
s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black/White

Age of Animal: 3 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: downer cow "splits"

#### ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 06/03/2014  
(dd/mm/yyyy)

Time of stunning: 11:18 am/pm

Time after bleeding: 11:25 am/pm

Time carcass shipped: 11:30 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the information is accurate: \_\_\_\_\_ s.79

Name: \_\_\_\_\_

Owner Print Name

Date: 06/03/2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_

Date: 06/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 06/03/14 12.25 am/pm

Operator: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 06/03/2014 12:30 am/pm

Inspector: \_\_\_\_\_

Print Name

Signature

**Documentation for Approved Emergency Slaughter**

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein Black & White s.79  
Age of Animal: 8 yr Ear Tag #: \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer Cow, Milk Fever, Myositis

**ANTE MORTEM INSPECTION**

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Downer Cow, Hind end paralysis/wedness

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 07-03-2014  
(dd/mm/yyyy)

Time of stunning: 8:53 am/pm

Time after bleeding: 8:55 am/pm

Time carcass shipped: 8:59 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We hereby s.79 information is accurate: s.79

Name: \_\_\_\_\_

Owner's Print Name

Date: 07/03/2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_

Name

(Veterinarian Print Name)

Date: 07-03-2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 07/03/14 10:00 am/pm  
s.79 (time)

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07/03/14 10:00 am/pm  
s.79

Inspector: \_\_\_\_\_

Print Name

Signature

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein Cow Age of Animal: 5 yrs. Ear Tag #: 1 s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Splits

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 07/03/2014  
(dd/mm/yyyy)

Time of stunning: 825 am/pm Time after bleeding: 827 am/pm Time carcass shipped: 835 am/pm

The brain matter was submitted for B.S.E. testing: ☒ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the information is accurate:

Owner of Animal Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: 07/03/14  
Owner Print Name (dd/mm/yyyy)

Practice/Time Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: 07/03/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 07/03/14 10:05 am/pm  
s.79 (time)

Operator: \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07/03/14 10:05 am/pm  
s.79 (time)

Inspector: \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Inspector ID#

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/w Holstein

Age of Animal: March 11, 2012 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Unable to be moved / stand for.

#### ANTE MORTEM INSPECTION

Long periods of time.

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 11/03/2014  
(dd/mm/yyyy)

Time of stunning: 07:35 am/pm

Time after bleeding: 07:40 am/pm

Time carcass shipped: 07:45 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the above information is accurate:  
s.79

Owner Print Name \_\_\_\_\_

Date: 11/03/2014  
(dd/mm/yyyy)

-s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 11/03/2014  
(dd/mm/yyyy)

#### To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 11/03/2014  
s.79

8:30

am/pm

Operator: \_\_\_\_\_

Print Name

Signature

#### To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 11/03/2014

s.79

R. De

am/pm

Inspector: \_\_\_\_\_



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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Red + white, hereford

Age of Animal: 10 yr. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: rear-right limb not operational, ruptured gastrocnemius

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of DOWNER

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 11/03/2014  
(dd/mm/yyyy)

Time of stunning: 935 am/pm Time after bleeding: 939 am/pm Time carcass shipped: 945 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

s.79

Name: \_\_\_\_\_  
Owner Print Name

Date: 11/03/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: s.79

(Veterinarian Print Name)

Date: 11/03/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 03/11/2014 1030 am/pm  
s.79

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 03/11/2014 10:41 am/pm  
s.79

Inspector: \_\_\_\_\_  
Inspector ID#

Print Name

Signature

**Documentation for Approved Emergency Slaughter**

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) HOL B&W

Age of Animal: 1 yr Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: broken leg

**ANTE MORTEM INSPECTION**

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken leg

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 12/03/14  
(dd/mm/yyyy)

Time of stunning: 8 am/pm

Time after bleeding: 8:01 am/pm

Time carcass shipped: 8:05 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

s.79

ion is accurate:

s.79

Owner of Animal Signature

Name: s.79

Date: 12/03/2014  
(dd/mm/yyyy)

Owner Print Name

s.79

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 12/03/14  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 12/03/14

s.79

835

Operator: \_\_\_\_\_

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 12/03/2014

s.79

7:40

am/pm

Inspector: \_\_\_\_\_

Print Name

Signature





# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein Female

Age of Animal: 4.5 yrs. Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Splits

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 12/03/2014  
(dd/mm/yyyy)

Time of stunning: 6:58 am

Time after bleeding: 7:00 am

Time carcass shipped: 7:05 am  
s.79

The brain matter was submitted for B.S.E. testing: ☒ Yes ☐ No

SRM Transport Permit: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the above information is accurate:  
s.79

Na

Owner Print Name \_\_\_\_\_

Date: 12/03/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
s.79

(Veterinarian Print Name)

Date: 12/03/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_  
s.79

12/03/14  
(yy)

8:30 am/pm  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_  
s.79

12/03/2014

8:40 am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blw, Holstein

Age of Animal: 15 Jun 2008 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer

#### ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dehydration, low BCS, weakness

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 14/03/2014  
(dd/mm/yyyy)

Time of stunning: 6:50 am/pm

Time after bleeding: 7:00 am/pm

Time carcass shipped: 7:20 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially-licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

Information is accurate: \_\_\_\_\_  
s.79

Owner Print Name: \_\_\_\_\_ Date: 14/03/2014  
(dd/mm/yyyy)

s.79

s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 14/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 14/03/14 8:10 am/pm  
(dd/mm/yyyy) (time)

s.79

Operator: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 14/03/2014 8:10 am/pm  
(dd/mm/yyyy) (time)

s.79

Inspector: \_\_\_\_\_

Inspector UIN

Print Name

Signature

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (B.C.) the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered:



Cattle



Bison



Hogs



Sheep



Goats

Animal Description: (color, breed, markings)

B/W, Holstein

Age of Animal: 23 months 2007 Ear Tag # s.79

Verification reason for emergency slaughter:



Inhumane to transport



Illness / size of animal

Describe condition identified above: Downer

#### ANTE MORTEM INSPECTION



No abnormalities were observed on the ante mortem inspection, or



This animal revealed signs of Dehydration, cough, nasal discharge.



I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 14/03/2014

(dd/mm/yyyy)

Time of stunning: 6:38 am/pm

Time after bleeding: 7:10 am/pm

Time carcass shipped: 7:20 am/pm

s.79

The brain matter was submitted for B.S.E. testing:



Yes



No

SRM Transport Permit #: \_\_\_\_\_



In my opinion this animal may be salvageable depending on post-mortem inspection findings

s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate.

s.79

Name: \_\_\_\_\_

Owner Print Name

Date: 14/03/2014

(dd/mm/yyyy)

s.79

Veterinarian Signature

s.79

ic Name: \_\_\_\_\_

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 14/03/2014

(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir:

14/03/14

(dd/mm/yyyy)

8:10

(time)

am/pm

Operator: \_\_\_\_\_

s.79

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

14/03/2014

s.79

8:10

am/pm

Inspector: \_\_\_\_\_

Print Name

Signature

**Documentation for Approved Emergency Slaughter**

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & White Halstein s.79

Age of Animal: 3 yrs Ear Tag

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Upper leg injury

**ANTE MORTEM INSPECTION**

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Downer - Right hip region

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 18/03/2014  
(dd/mm/yyyy)

Time of stunning: 10:20 am

Time after bleeding: 10:23 am

Time carcass shipped: 10:25 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_ s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the information is accurate: \_\_\_\_\_ s.79

Name: \_\_\_\_\_

Owner Print Name

Date: 18/03/2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_ s.79

(Veterinarian Print Name)

Date: 18/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 18/03/14 1155 am/pm

s.79

Operator: \_\_\_\_\_

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 18/03/2014 1200 am/pm

s.79

Inspector: \_\_\_\_\_

Signature



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black/White Holstein s.79  
Age of Animal: 2y.o Ear: \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: downer cow - torn gastrocnemius

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 18/03/2014  
(dd/mm/yyyy)

Time of stunning: 12:25 am/pm

Time after bleeding: 12:28 am/pm

Time carcass shipped: 1234 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

Name: \_\_\_\_\_

Owner Print Name

18/03/2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 18/03/2014

(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 18/03/14 12:50 PM  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 18/03/2014 12:55 am/pm  
s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLACK + white, holstein/jersey cross  
Age of Animal: 5 yr Bar Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Partial dislocation of left femur

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante-mortem inspection, or

☒ This animal revealed signs of severe recumbency / unable to stand

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 18/03/2014  
(dd/mm/yyyy)

Time of stunning: 1037 am/pm

Time after bleeding: 1038 am/pm

Time carcass shipped: 1045 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We s.79 information is accurate:

Name:

Owner Print Name

Date: 18/03/2014  
(dd/mm/yyyy)

Practice/Clinic Name:

Name: \_\_\_\_\_ s.79

(Veterinarian Print Name)

Date: 18/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 18/03/14 1155 am/pm  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_ 12:00 am/pm  
s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B & W Holstein

Age of Animal: 3.5 years Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: NON VISIBLE BEARING LAMENESS

#### ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of swelling and lameness of RF limb

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 18/03/2014  
(dd/mm/yyyy)

Time of stunning: 11:50 am/pm

Time after bleeding: 10:52 am/pm

Time carcass shipped: 11:00 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We hereby certify s.79 information is accurate: s.79

Name: s.79 Owner Print Name Date: 18/03/2014  
(dd/mm/yyyy)

Name: s.79 Date: 18/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 18/03/2014 11:55  
s.79

Operator: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 18/03/2014 17:00  
s.79

Inspector: \_\_\_\_\_

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black + white / HOLSTEIN  
s.79 Age of Animal: 6 yr Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer cow

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated femur

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 18/03/2014  
(dd/mm/yyyy)

Time of stunning: 1059 am/pm Time after bleeding: 1105 am/pm Time carcass shipped: 1115 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: \_\_\_\_\_ s.79

Name \_\_\_\_\_  
Owner Print Name

Date: 18/03/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_ s.79  
(Veterinarian Print Name)

Date: 18/03/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 18/03/14 1158 am/pm  
s.79

Operator: \_\_\_\_\_  
Print Name

Signature \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 18/03/2014 12:00 am/pm  
s.79

Inspector: \_\_\_\_\_  
Inspector ID#

Print Name

Signature \_\_\_\_\_





# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) HOLSTEIN Black & White

Age of Animal: 5 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: weak on hind end, falls down unable to transport humanely

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 19/03/2014  
(dd/mm/yyyy)

Time of stunning: 7:50 am/pm

Time after bleeding: 7:51 am/pm

Time carcass shipped: 7:55 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

Verify that the above information is accurate: \_\_\_\_\_  
s.79

OWNER OF ANIMAL SIGNATURE

Name: \_\_\_\_\_  
s.79

Date: 19/03/2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_

Date: 19/03/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 19/03/14 8:45 am/pm  
s.79

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 19/03/2014 12:50 am/pm  
s.79

Inspector: \_\_\_\_\_  
Print Name

Signature



# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein, Black & white s.79

Age of Animal: 20 Dec 11 Ear Tag #:

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: injury to (R) hind leg, not transportable (human)

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of injury to (R) hind leg

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 1031  
(dd/mm/yyyy)

Time of stunning: 7:40 am/pm

Time after bleeding: 7:42 am/pm

Time carcass shipped: 7:45 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_ s.79

19/03/2014  
(dd/mm/yyyy)

s.79

s.79

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 19/03/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 19/03/14 845 am/pm  
s.79

Operator: \_\_\_\_\_

Signature \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 19/03/2014 2:50 am/pm  
s.79

Inspector: \_\_\_\_\_

Signature \_\_\_\_\_



# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein, black & white s.79

Age of Animal: 2 YR Ear Tag \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: broken leg - inhumane to transport

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken leg

☐ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 19/03/2014  
(dd/mm/yyyy)

Time of stunning: 8:15 am/pm

Time after bleeding: 8:05 am/pm

Time carcass shipped: 8:07 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

We hereby s.79

information is accurate:

Name: \_\_\_\_\_

Date: 19/03/2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_

Designated Clinic Name: \_\_\_\_\_

Date: 19/03/2014  
(dd/mm/yyyy)

(FACILITY SIGNATURE REQUIRED)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 19/03/14 8:45 am/pm

s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 19/03/2014 2:50 am/pm

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature

**Documentation for Approved Emergency Slaughter**

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blw, Holstein

Age of Animal: 5y Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: fracture Leg RT BL

**ANTE MORTEM INSPECTION**

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of fracture Leg RT BL

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 20/03/2014  
(dd/mm/yyyy)

Time of stunning: 9:45 am/pm

Time after bleeding: 9:52 am/pm

Time carcass shipped: 9:57 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We hereby certify that the information is accurate: s.79

Name s.79

20-03-2014  
(dd/mm/yyyy)

Name: s.79

(Veterinarian Print Name)

Date: 20/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 20/03/14

1045

Operator: \_\_\_\_\_

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 20/03/2014

10:56

Inspector: \_\_\_\_\_



# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein Female

Age of Animal: \_\_\_\_\_ Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Splits BACK LEFT LEG BROKEN

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 20/03/2014  
(dd/mm/yyyy)

Time of stunning: 9:15 am/pm

Time after bleeding: 9:16 am/pm

Time carcass shipped: 9:20 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the above information is accurate s.79

Name s.79

Date: 20/03/14  
(dd/mm/yyyy)

Name: \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 20/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 20/03/14

s.79

1045 am/pm

Operator: \_\_\_\_\_

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 20/03/2014

s.79

10:56 am/pm

Inspector: \_\_\_\_\_

Signature



# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blk Holstein

Age of Animal: 4+ Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Fractured RH foot

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of fractured RH foot

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 21 MAR 2014  
(dd/mm/yyyy)

Time of stunning: 740 am/pm

Time after bleeding: 741 am/pm

Time carcass shipped: 747 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

s.79 \_\_\_\_\_ ation is accurate:

s.79 \_\_\_\_\_  
Name \_\_\_\_\_ Date: 21/03/14  
Owner Print Name (dd/mm/yyyy)

s.79 \_\_\_\_\_  
Name: \_\_\_\_\_ Date: 21 MAR 2014  
(Veterinarian Print Name) (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 21/03/14

s.79

8:25 am/pm

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/03/2014

s.79

08:35 am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Simmental - brown/white

Age of Animal: 14y Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: \_\_\_\_\_

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of vagat indigestion

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 25/03/2014  
(dd/mm/yyyy)

Time of stunning: 9:00 am

Time after bleeding: 9:01 am

Time carcass shipped: 9:05 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We <sup>s.79</sup>

<sup>s.79</sup>

<sup>s.79</sup>

Name: \_\_\_\_\_

Date: Mar 25/14

<sup>s.79</sup>

<sup>s.79</sup>

ame: \_\_\_\_\_

Name \_\_\_\_\_

(Veterinarian Print Name)

Date: 25/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 25/03/14 9:20 <sup>s.79</sup> am/pm

Operator: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014/03/25 9:26 <sup>s.79</sup> am/pm

Inspector: \_\_\_\_\_

inspector <sup>s.79</sup>

Print Name

Signature

## Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein Female

Age of Animal: 3 yrs. Ear Tag #: <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: left Femur Fracture, splits

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured left Femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 26/03/2014  
(dd/mm/yyyy)

Time of stunning: 9:48 am/pm

Time after bleeding: 9:53 am/pm

Time carcass shipped: 9:58 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

<sup>s.79</sup>

<sup>s.79</sup> We hereby certify that the above information is accurate:

Owner Print Name

Date: 26/03/2014  
(dd/mm/yyyy)

<sup>s.79</sup>

Name: \_\_\_\_\_

(Veterinarian/ Print Name)

Date: 26/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 26/03/14

<sup>s.79</sup>

10:50 am/pm

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 26/03/14

<sup>s.79</sup>

10:55 am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature





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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein Female  
Age of Animal: 2.5 yrs. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Splits, fractured right hind leg (Tibia + Fibula fractures)

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured right hind leg

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 26/03/2014  
(dd/mm/yyyy)

Time of stunning: 9:31 am Time after bleeding: 9:35 am Time carcass shipped: 9:45 am  
s.79

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the information is accurate: \_\_\_\_\_  
s.79

Name: \_\_\_\_\_ Date: 26/03/2014  
Owner Print Name (dd/mm/yyyy)

Name: \_\_\_\_\_ Date: 26/03/2014  
Practice/Clinic Name: (Veterinarian Print Name) (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 26/03/14 10:50 am  
s.79

Operator: \_\_\_\_\_  
Print Name Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 26/03/14 10:55 am  
s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name Signature



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W, Holstein

Age of Animal: 3 1/2 Ear Tag #<sup>s.79</sup> \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Broken Front Left Leg

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Broken front Left Leg

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 27/03/2014  
(dd/mm/yyyy)

Time of stunning: 7:55 am/pm

Time after bleeding: 7:59 am/pm

Time carcass shipped: 8:03 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: <sup>s.79</sup> \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: <sup>s.79</sup> \_\_\_\_\_

<sup>s.79</sup> \_\_\_\_\_

ation is accurate: <sup>s.79</sup> \_\_\_\_\_

N: \_\_\_\_\_

Owner Print Name

ate: 27/03/2014  
(dd/mm/yyyy)

<sup>s.79</sup> \_\_\_\_\_

Destination/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 27/03/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 27/03/14

<sup>s.79</sup> \_\_\_\_\_

845 am/pm

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 27/03/2014

<sup>s.79</sup> \_\_\_\_\_

09:00 am/pm

Inspector: \_\_\_\_\_



# Documentation for Approved Emergency Slaughter

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**The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.**

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_  
 Animal Description: (color, breed, markings) Holstein black/white s.79  
 Age of Animal: 2 yr Ear Tag #: \_\_\_\_\_ s.79  
 Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal  
 Describe condition identified above: \_\_\_\_\_

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or  
☒ This animal revealed signs of hind end injury  
☒ I verify that this animal was humanely stunned and properly bleed  
 Date of slaughter: 01/04/2014 (dd/mm/yyyy)  
 Time of stunning: 12:24 am/pm Time after bleeding: 12:25 am/pm Time carcass shipped: 12:27 am/pm s.79  
 The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: \_\_\_\_\_  
☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79  
 Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

Name: \_\_\_\_\_ s.79  
 Owner Print Name: \_\_\_\_\_ (dd/mm/yyyy)  
 Name: \_\_\_\_\_ s.79  
 (Veterinarian Print Name) Date: 01/04/2014 (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 01/04/14 1249 am/pm s.79  
 Operator: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014/04/01 1251 am/pm s.79  
 Inspector: \_\_\_\_\_  
 Inspector ID#: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) black & white holstein

Age of Animal: 2 yrs 3 mo. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: broken spine

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken spine

☐ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 01/04/2014  
(dd/mm/yyyy)

Time of stunning: 11:01 am/pm

Time after bleeding: 11:06 am/pm

Time carcass shipped: 11:07 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: \_\_\_\_\_

s.79

s.79

Name: \_\_\_\_\_

Owner Print Name

Date: Apr 1, 14

(dd/mm/yyyy)

s.79

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 01/04/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 01/04/14 11:55 am/pm

s.79

Operator: \_\_\_\_\_

Print Name

Signature: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 01/04/2014 11:59 am/pm

s.79

Inspector: \_\_\_\_\_

Print Name

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_



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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W / HOLSTEIN  
CARCASS #1194 Age of Animal: 7yr Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Obturator N. Paralysis

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Not-locomotor / sternal recumbency

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 2/04/2014  
(dd/mm/yyyy)

Time of stunning: 9:01 am/pm

Time after bleeding: 9:04 am/pm

Time carcass shipped: 9:10 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

s.79

accurate:

s.79

s.79

Name:

Owner Print Name

2/04/2014  
(dd/mm/yyyy)

Practice/Clinic Name:

s.79

Name: s.79

(Veterinarian Print Name)

Date: 2/04/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 02/04/14 10:20 am/pm  
s.79

Operator:

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02/04/2014 10:35 am/pm  
s.79

Inspector:

Signature



# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein Intact Male

Age of Animal: 23 months Ear Tag #: <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Front left foot fracture & swollen left leg that has broke open.

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Broken left front foot & swollen left leg with discharge.

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 04/04/2014  
(dd/mm/yyyy)

Time of stunning: 6:44 (am/pm)

Time after bleeding: 6:45 (am/pm)

Time carcass shipped: 6:48 (am/pm)

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ <sup>s.79</sup>

We hereby certify that the above information is accurate: <sup>s.79</sup>

Owner of Animal Signature: \_\_\_\_\_ <sup>s.79</sup>

Name: \_\_\_\_\_

Date: 04/04/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_ <sup>s.79</sup>

(Veterinarian Print Name)

Date: 04/04/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 04/04/14 7:10 (am/pm) <sup>s.79</sup>

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 04/04/2014 07:45 (am/pm) <sup>s.79</sup>

Inspector: \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & White Holstein Female  
Age of Animal: 16 months Ear Tag #: 1 s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Front left foot fracture

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Broken left front foot

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 04/04/2014  
(dd/mm/yyyy)

Time of stunning: 6:43 am/pm

Time after bleeding: 6:44 am/pm

Time carcass shipped: 6:48 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the above information is accurate: s.79

Name s.79

Date: 04/04/2014  
(dd/mm/yyyy)

Practice/Clinic Name:

s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 04/04/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir:

04/04/14  
(dd/mm/yyyy)

07:10 am/pm  
(time)

s.79

Operator:

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

04/04/2014  
(dd/mm/yyyy)

07:25 AM am/pm  
(time)

s.79

Inspector:

Inspector ID#

Print Name

Signature



Ministry of  
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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blw Holstein Age of Animal: 5y Ear Tag / s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of madness

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 07/04/2014  
(dd/mm/yyyy)

Time of stunning: 8:11 am Time after bleeding: 8:13 am Time carcass shipped: 8:17 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify: s.79 Date: s.79

s.79  
Name: \_\_\_\_\_

Owner Print Name

Date: 07/04/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 07/04/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 07/04/14 09:10 am/pm  
s.79 (time)

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07/04/2014 9:20 am/pm  
s.79 (time)

Inspector: \_\_\_\_\_  
Inspector





Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W Holstein s.79  
Age of Animal: 08 Jun 2014 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Broken leg - RF

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 08/04/2014  
(dd/mm/yyyy)

Time of stunning: 7:38 am

Time after bleeding: 7:45 am

Time carcass shipped: 7:50 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the above information is accurate: \_\_\_\_\_ s.79  
s.79

Name: \_\_\_\_\_ s.79  
(dd/mm/yyyy)

8/4/14  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

s.79

Name: \_\_\_\_\_ s.79  
(Veterinarian Print Name)

Date: 08/04/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 08/04/2014 8:20 am  
s.79

Operator: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08/04/2014 8:30 am  
s.79

Inspector: \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B&W White HOLSTEIN

Age of Animal: 5 y.o. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: LAMENESS TWO LIMBS

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of SWELLING RIGHT FRONT LIMB; LEFT REAR LIMB

☐ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 15/04/2014  
(dd/mm/yyyy)

Time of stunning: 9:44 am pm

Time after bleeding: 9:44 am pm

Time carcass shipped: 9:44 am pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify th: s.79 on is accurate: s.79

Owner of Animal Signature

Name: s.79

Owner Print Name

Date: 15/04/2014  
(dd/mm/yyyy)

s.79

s.79

Name:

(veterinarian Print Name)

Date: 15/04/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 15/04/14 11:34 am/pm

Operator: \_\_\_\_\_

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 15/04/2014 11:40 am/pm

Inspector: \_\_\_\_\_

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein Female  
Age of Animal: 2 yrs. Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Splits + fractured right femur

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured right femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 15/04/2014  
(dd/mm/yyyy)

Time of stunning: 10:50 am Time after bleeding: 10:55 am Time carcass shipped: 11:55 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the above information is accurate: s.79

Owner of Animal Signature

Name: \_\_\_\_\_ s.79

Owner Print Name

Date: 15/04/2014  
(dd/mm/yyyy)

s.79

s.79

Name: \_\_\_\_\_  
(Veterinarian/Print Name)

Date: 15/04/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 15/04/14 11:40 am  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 15/04/2014 11:45 am  
(dd/mm/yyyy) (time)

Inspector: \_\_\_\_\_

Inspector Signature

Signature



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## Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white  
Age of Animal: 4 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down cow, inhumane to transport.

### ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 15/04/2014  
(dd/mm/yyyy)

Time of stunning: 10:15 am/pm Time after bleeding: 10:16 am/pm Time carcass shipped: 10:23 am/pm

The brain matter was submitted for B.S.B. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is true and correct.  
s.79

Name \_\_\_\_\_  
s.79

Owner/Print Name \_\_\_\_\_

Date: 15/04/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
s.79

(Veterinarian Print Name) Date: 15/04/2014  
(dd/mm/yyyy)

### To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 18/04/14 11:40 am/pm  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_  
s.79

Print Name

Signature \_\_\_\_\_

### To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 15/04/2014 11:45 am/pm  
s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature \_\_\_\_\_

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B&W HOLSTEIN

Age of Animal: 6 years Ear Tag # <sup>s.79</sup> \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: \_\_\_\_\_

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of weakness unable to rise after injury

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: APR 16/14  
(dd/mm/yyyy)

Time of stunning: 9:32 am/pm

Time after bleeding: 9:34 am/pm

Time carcass shipped: 9:38 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: <sup>s.79</sup> \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ <sup>s.79</sup>

We <sup>s.79</sup> \_\_\_\_\_

above information is accurate: <sup>s.79</sup> \_\_\_\_\_

<sup>s.79</sup> \_\_\_\_\_

Name: \_\_\_\_\_

Owner Print Name

Date: 16/04/2014 <sup>s.79</sup>  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: <sup>s.79</sup> \_\_\_\_\_

(Veterinarian Print Name)

Date: APR 16/14  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 16/04/14 10:20 <sup>s.79</sup> am/pm

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 16/04/2014 10:23 <sup>s.79</sup> am/pm

Inspector: \_\_\_\_\_

Inspector Print Name

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white

Age of Animal: 5 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / \_\_\_\_\_

Describe condition identified above: down cow, weak, inhumane to transport  
some superficial abrasions

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 17/04/2014  
(dd/mm/yyyy)

Time of stunning: 10:10 am/pm

Time after bleeding: 10:10 am/pm

Time carcass shipped: 10:13 am/pm  
s.79

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provider s.79 to be shipped to: s.79

We hereby certify that the information is accurate:

s.79

Name s.79

17/04/2014  
(yyyy)

Name: s.79

Print Name: \_\_\_\_\_

Date: 17/04/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 17 04 14  
s.79

11:40 am/pm

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 17/04/2014  
s.79

11:45 am/pm

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_ Print Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black + white  
Age of Animal: 16 Feb 11 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down, stifle injury

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of stifle injury

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 17/04/2014  
(dd/mm/yyyy)

Time of stunning: 10:42 am

Time after bleeding: 10:43 am

Time carcass shipped: 10:47 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

s.79

Name: \_\_\_\_\_

s.79

Date: 17/04/2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name: \_\_\_\_\_

s.79

Name: \_\_\_\_\_

s.79

(Veterinarian Print Name)

Date: 17/04/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 17/04/14 1150 am/pm  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 17/04/2014 1200 am/pm  
s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) black & white, holstein  
Age of Animal: 5 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down cow, weak

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 17/04/2014  
(dd/mm/yyyy)

Time of stunning: 10:20 am

Time after bleeding: 10:20 am

Time carcass shipped: 10:26 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79 s.79

We \_\_\_\_\_  
curate:

Name: \_\_\_\_\_  
s.79

17/04/2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
s.79

(Veterinarian Print Name)

Date: 17/04/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 17 04 14 11:40 am  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 17/04/2014 11:50 am  
s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W HOC cow Age of Animal: 4 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down after calving

#### ANTE-MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 21/04/2014  
(dd/mm/yyyy)

Time of stunning: 9:51 am/pm

Time after bleeding: 9:55 am/pm

Time carcass shipped: 10:00 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We here s.79

ion is accurate: s.79

Name: s.79

Date: 21/04/2014  
(dd/mm/yyyy)

Name: s.79

(Veterinarian Print Name)

Date: 21/04/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 21/04/14 10:50 am/pm

Operator: s.79

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/04/2014 11:25 am/pm

Inspector: s.79

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein female  
Age of Animal: 2.5 yrs. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Fractured left femur after doing the splits

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured left femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 21/04/2014  
(dd/mm/yyyy)

Time of stunning: 8:35 am/pm

Time after bleeding: 9:40 am/pm

Time carcass shipped: 9:42 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: \_\_\_\_\_ s.79

Name: \_\_\_\_\_ s.79

Owner Print Name

Date: 21/04/2014  
(dd/mm/yyyy)

Name \_\_\_\_\_ s.79

(Veterinarian Print Name)

Date: 21/04/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 21/04/14 11:00 am/pm  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/04/2014 11:20 am/pm  
(dd/mm/yyyy) (time)

Inspector: \_\_\_\_\_ s.79

Inspector ID#

Print Name

Signature

## Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein Cross Black and White s.79

Age of Animal: 5 years Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: cow down, unable to stand

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of mastitis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 23/04/14 (dd/mm/yyyy) aw

Time of stunning: 9:30 am

Time after bleeding: 9:33 am

Time carcass shipped: 9:35 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

Weight of carcass: \_\_\_\_\_ accurate: s.79

s.79

Name: \_\_\_\_\_ Owner Print Name

Date: APR 23 2014 s.79 (dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: s.79

(Veterinarian Print Name)

Date: 23/04/14 (dd/mm/yyyy) aw

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 23/04/14 10:10 am s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 23/04/2014 10:15 am s.79

Inspector: \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79

Age of Animal: 22/04/10 Ear T: \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: swollen left side & hip

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of swollen left side, hip

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 23/04/2014  
(dd/mm/yyyy)

Time of stunning: 7:46 am/pm

Time after bleeding: 7:47 am/pm

Time carcass shipped: 7:50 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

We hereby certify that the above information is accurate:  
s.79

Owner of Animal Signature

Name: \_\_\_\_\_  
s.79

Owner Print Name

s.79

23/04/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
s.79

(Veterinarian Print Name)

Date: 23/04/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 23/04/14

(dd/mm/yyyy)

8:35  
(time)

am/pm

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 23/04/2014

(dd/mm/yyyy)

8:40  
(time)

am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein black & white

Age of Animal: 19/May/09 s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: swollen feet & legs, w immobile

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of swollen feet

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 04/23/2014  
(dd/mm/yyyy)

Time of stunning: 7:45 am/pm Time after bleeding: 7:46 am/pm Time carcass shipped: 7:50 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the information is accurate: \_\_\_\_\_ s.79

Name: \_\_\_\_\_ Date: 23/04/2014  
Owner Print Name (dd/mm/yyyy)

Name: \_\_\_\_\_ Date: 23/04/2014  
I (Veterinarian Print Name) (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 23/04/14 8:40 am/pm  
s.79

Operator: \_\_\_\_\_  
Print Name Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 23/04/2014 08:50 am/pm  
s.79 (dd/mm/yyyy) (time)

Inspector: \_\_\_\_\_  
Inspector ID# Print Name Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein black & white Age of Animal: 2.5 yrs Ear Tr <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: broken @ hind leg

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken @ hind leg

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 24/04/2014  
(dd/mm/yyyy)

Time of stunning: 7:45 am/pm

Time after bleeding: 7:47 am/pm

Time carcass shipped: 7:50 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: <sup>s.79</sup>

<sup>s.79</sup>

ive information is accurate:

<sup>s.79</sup>

Name:

Owner Print Name

Date: 24/04/2014  
(dd/mm/yyyy)

Practice/Clinic Name:

Name: <sup>s.79</sup>

Date: 24/04/2014  
(dd/mm/yyyy)

(Veterinarian Print Name)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir:

24/04/14  
(dd/mm/yyyy)

9:00 am/pm  
(time)

<sup>s.79</sup>

Operator:

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

24/04/2014  
(dd/mm/yyyy)

09:20 am/pm  
(time)

Inspector:

<sup>s.79</sup>

Inspection use

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein - black white Age of Animal: 3 yrs. Ear T. s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: stifle injury

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of hind limb injury

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 24 04 2014  
(dd/mm/yyyy)

Time of stunning: 10:00 am/pm

Time after bleeding: 10 00 am/pm

Time carcass shipped: 10:05 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We hereby certify that the above information is accurate: s.79

Name: s.79

Owner Print Name

Date: Apr 24/4/14  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 24/04/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 24 04 14 10 20 am/pm

s.79

Operator: \_\_\_\_\_

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 24/04/2014 11:00 am/pm

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white, Holstein, FASZU tag #1875  
Age of Animal: 5 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Obstructive nerve paralysis

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of DOWNER COW

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 30/04/2014  
(dd/mm/yyyy)

Time of stunning: 7:51 am/pm Time after bleeding: 7:54 am/pm Time carcass shipped: 8:03 am/pm  
s.79

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

s.79

Owner of Animal Signature

Name: \_\_\_\_\_  
s.79

Owner Print Name

Date: 30/04/2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 30/04/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 30/04/14 9:15 am/pm  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/04/2014 09:30 am/pm  
s.79

Inspector: \_\_\_\_\_





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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white  
Age of Animal: 15-Jul-12 Ear Tag #s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: broken (L) leg

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken left leg

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 30/04/2014  
(dd/mm/yyyy)

Time of stunning: 8:25 am Time after bleeding: 8:25 am Time carcass shipped: 8:27 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby s.79 nation is accurate: s.79

Name: \_\_\_\_\_ s.79

Date: 30/4/14  
(d/mm/yyyy)

Veterinarian Signature

Practice/Clinic Name: \_\_\_\_\_

Name: s.79

(Veterinarian Print Name)

Date: 30/04/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 30/04/14 9:15  
s.79

Operator: \_\_\_\_\_

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/04/2014  
(dd/mm/yyyy)

Inspector: \_\_\_\_\_

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLACK WHITE, HO-STEEN, FARM TAG s.79  
Age of Animal: 3 yr. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: OBSTURATOR NERVE PARALYSIS

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of SEE DAWN COW

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 30/04/2014  
(dd/mm/yyyy)

Time of stunning: 7:54 am/pm Time after bleeding: 7:57 am/pm Time carcass shipped: 8:05 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

Owner of Animal Signature s.79

Name: \_\_\_\_\_ Date: 30/04/2014  
Owner Print Name (dd/mm/yyyy)

Veterinarian Signature s.79

Name: \_\_\_\_\_ Date: 30/04/2014  
(Veterinarian Print Name) (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 30/04/14 9:15 am/pm  
s.79

Operator: \_\_\_\_\_  
Print Name Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/04/2014 09:45 am/pm  
s.79

Inspector: \_\_\_\_\_



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## Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein Blue s.79

Age of Animal: 11 Oct 2010 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Broken leg / Downer

### ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Broken Rear Right leg

☒ I verify that this animal was humanely stunned and properly bleed Date of slaughter: 30/04/2014  
(dd/mm/yyyy)

Time of stunning: 1:28 (am/pm) Time after bleeding: 1:48 (am/pm) Time carcass shipped: 12:53 (am/pm)

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

s.79 The carcass is to be shipped to: \_\_\_\_\_

Information is accurate: s.79

Name: s.79

Date: 30/04/14  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: s.79

(Veterinarian Print Name)

Date: 30/04/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 30/04/14 11:25 (am/pm)  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/04/2014 11:40 (am/pm)  
s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein Age of Animal: 2y.0 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: hind limb injury

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of hind limb injury

☐ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 02/05/14  
(dd/mm/yyyy)

Time of stunning: 9:00 am/pm Time after bleeding: 9:00 am/pm Time carcass shipped: 9:02 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

Name: \_\_\_\_\_  
Owner Print Name

Date: 02/05/14  
(dd/mm/yyyy)

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 02/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 02/05/14 10:15 am/pm  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02/05/14 10:40 am/pm  
s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein - black & white

Age of Animal: 7 years Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: split

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 02/05/2014  
(dd/mm/yyyy)

Time of stunning: 8:45 am/pm Time after bleeding: 8:50 am/pm Time carcass shipped: 8:50 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79 rate: s.79

Owner of Animal Signature \_\_\_\_\_

Name: \_\_\_\_\_ Date: 21/05/2014  
(dd/mm/yyyy)

Owner Print Name

s.79

Name/

s.79

Name:

(Veterinarian Print Name)

Date: 02/05/14  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 02/05/14 10:15 am/pm  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02/05/14 10:30 am/pm  
s.79

Inspector: \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein, Blue s.79

Age of Animal: 0 Dec 2010 Ear Ta

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downed

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of swollen left Hind leg

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 02/05/2014  
(dd/mm/yyyy)

Time of stunning: 9:15 am/pm Time after bleeding: 9:16 am/pm Time carcass shipped: 9:25 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We hereby certify that the above information is accurate:

s.79

s.79

Name: \_\_\_\_\_ Date: May 2/2014  
(dd/mm/yyyy)

s.79

s.79

Veterinarian Signature

Practice/Clinic Name:

s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 02/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 02/05/14 10 15 am/pm  
(dd/mm/yyyy) (time)

s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02/05/2014 10:45 am/pm  
(dd/mm/yyyy) (time)

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white Age of Animal: 26-Sep-10 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down, broken (L) leg

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken (L) leg

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 05/05/2014  
(dd/mm/yyyy)

Time of stunning: 10:40 am/pm Time after bleeding: 10:40 am/pm Time carcass shipped: 10:44 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the above information is accurate:  
s.79

Signature of Animal Owner \_\_\_\_\_  
s.79

Name: \_\_\_\_\_ Date: 5/5/14  
Owner Print Name (dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
s.79

(Veterinarian Print Name)

Date: 05/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 5/5/14  
s.79

12:00 pm

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 05/05/2014  
s.79

12:10

Inspector: \_\_\_\_\_



# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blackwhite Holstein Female  
Age of Animal: 5 yrs. Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Splits with dislocated right hip joint

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of dislocated right hip joint

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 05/05/2014  
(dd/mm/yyyy)

Time of stunning: 11:00 am/pm

Time after bleeding: 11:01 am/pm

Time carcass shipped: 11:05 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the information is accurate: \_\_\_\_\_ s.79

Name: \_\_\_\_\_

Date: 05/05/2014  
(dd/mm/yyyy)

Practice/ Clinic Name: \_\_\_\_\_

s.79

Name: \_\_\_\_\_ s.79

(Veterinarian Print Name)

Date: 05/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 5/5/14

s.79

12:00 am/pm

Operator: \_\_\_\_\_

(Print Name)

Signature: \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 05/05/2014

s.79

17:20

am/pm

Inspector: \_\_\_\_\_

Signature: \_\_\_\_\_





Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein Female

Age of Animal: 4.5 yrs Ear Tag s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Did the splits & fractured right femur

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured right femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 12/05/2014  
(dd/mm/yyyy)

Time of stunning: 8:45 am

Time after bleeding: 8:50 am

Time carcass shipped: 8:55 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

Ni

s.79

Owner Print Name

12/05/2014  
(dd/mm/yyyy)

s.79

Name

(Veterinarian Print Name)

Date: 12/05/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: s.79

12/05/2014

9:55 am

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: s.79

12/05/2014  
(dd/mm/yyyy)

10:00 am  
(time)

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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## Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blw Holstein s.79

Age of Animal: 6 Oct 2008 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downed

### ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Broken Left Hind Leg

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 13/05/2014  
(dd/mm/yyyy)

Time of stunning: 11:20 am

Time after bleeding: 11:20 am

Time carcass shipped: 11:20 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We hereby certify that the above information is accurate: s.79

Name: s.79

Owner Print Name

Date: 13/05/2014  
(dd/mm/yyyy)

Practice/Clinic Name:

Name: s.79

(Veterinarian Print Name)

Date: 13/05/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 13/05/2014 11:49 am

Operator: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 13/05/2014 11:54 am

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein  
Age of Animal: 1747 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Dominant after calving

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed Date of slaughter: 13/05/2014  
(dd/mm/yyyy)

Time of stunning: 9:33 am/pm Time after bleeding: 9:44 am/pm Time carcass shipped: 9:46 am/pm  
s.79

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on \_\_\_\_\_  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79 urate: s.79

Name: s.79

Date: 13/05/2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_

Date: 13/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 13/05/14 10:50 am/pm  
s.79

Operator: \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 13/05/2014 11:02 am/pm  
s.79

Inspector: \_\_\_\_\_

Signature



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## Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white  
Age of Animal: 01-Jun-11 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down cow, splitz, adductor muscles torn

### ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of torn adductor muscles, hip injury

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 14/05/2014  
(dd/mm/yyyy)

Time of stunning: 12:05 (am/pm) Time after bleeding: 12:05 (am/pm) Time carcass shipped: 12:10 (am/pm)

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the above information is accurate:  
s.79

Name \_\_\_\_\_  
Owner Print Name Date: 14/05/2014  
(dd/mm/yyyy)

Name: \_\_\_\_\_  
s.79

Practice/Clinic Name: \_\_\_\_\_

Date: 14/05/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_  
s.79

Operator: \_\_\_\_\_

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_  
s.79

Inspector: \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white  
Age of Animal: 10-11-10 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: (L) stifle injury - torn ligaments

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of (L) stifle injury

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 16/05/2014  
(dd/mm/yyyy)

Time of stunning: 8:30 am/pm Time after bleeding: 8:31 am/pm Time carcass shipped: 8:40 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

s.79

Name: \_\_\_\_\_

Date: 16/05/2014  
(dd/mm/yyyy)

Veterinarian Signature \_\_\_\_\_

Practice/Clinic Name: \_\_\_\_\_

s.79

s.79

Date: 16/05/2014  
(dd/mm/yyyy)

(Veterinarian Print Name)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 16/05/14

s.79

(yyyy)

9:35

(time)

am/pm

s.79

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 16/05/2014

s.79

s.79

9:45

s.79

am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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Agriculture

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein, black and white

Age of Animal: 5 1/2 years Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down, unable to rise

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of damage to both hind legs.

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 20/05/2014  
(dd/mm/yyyy)

Time of stunning: 1003 am/pm

Time after bleeding: 1007 am/pm

Time carcass shipped: 1013 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

Signature \_\_\_\_\_ s.79

Signature \_\_\_\_\_ s.79

Name \_\_\_\_\_

Owner Print Name \_\_\_\_\_

Date: 20/05/2014  
(dd/mm/yyyy)

Veterinarian Signature \_\_\_\_\_

s.79

s.79

Clinic Name: \_\_\_\_\_

Name \_\_\_\_\_

(Veterinarian Print Name)

Date: 20/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 2014/05/20  
s.79

11:00 am/pm  
(time) s.79

Operator: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014-05-20  
s.79 (dd/mm/yyyy)

11:05 am/pm  
s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Print Name \_\_\_\_\_



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Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLACK + white, holstein Age of Animal: 5 y.o. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: DOWNER COW

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of distal nerve paralysis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 20/05/2014  
(dd/mm/yyyy)

Time of stunning: 7:31 am/pm

Time after bleeding: 7:35 am/pm

Time carcass shipped: 7:39 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

s.79

Owner of Animal Signature  
s.79

Name: \_\_\_\_\_

Owner Print Name

Date: 20/05/2014  
(dd/mm/yyyy)

s.79

Practitioner Name:

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 20/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 2014/05/20  
s.79 (dd/mm/yyyy)

s.79

8:50 am/pm

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014-05-20  
s.79 (dd/mm/yyyy)

s.79

s.79

9:00 am/pm

Inspector: \_\_\_\_\_

Inspector ID#



Ministry of  
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# Documentation for Approved Emergency Slaughter

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*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black + white, holstein s.79  
Age of Animal: 2 y.o Bar Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer cow

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 20/05/2014  
(dd/mm/yyyy)

Time of stunning: 7:33 am/pm Time after bleeding: 7:37 am/pm Time carcass shipped: 7:39 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

Owner of Animal Signature

s.79

Name:

Owner Print Name

Date: 20/05/2014  
(dd/mm/yyyy)

s.79

Veterinarian Signature

Name:

(Veterinarian Print Name)

Practice/Clinic Name:

Date: 20/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 2014/05/20 8:50 am/pm  
s.79 (dd/mm/yyyy) (time)

Operator:

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014-05-20 9:00 am/pm  
s.79 s.79 (time)

Inspector:

Inspector ID#





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Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black + white, HOLSTEIN <sup>s.79</sup>  
Age of Animal: 2y.o. Ear Tag #s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: DOWNER COW

## ANTE MORTEM INSPECTION

s.79

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Obtuse. nerve paralysis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 20/05/2014  
(dd/mm/yyyy)

Time of stunning: 7:36 am/pm

Time after bleeding: 7:38 am/pm

Time carcass shipped: 7:40 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:

s.79

Owner of Animal Signature  
s.79

Name:

Owner Print Name

Date: 20/05/2014  
(dd/mm/yyyy)

s.79

Veterinarian Signature

s.79

Veterinarian Print Name

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 20/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 2014-05-20  
s.79 (yyyy)

8:50 am/pm  
(time)

s.79

Operator

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014-05-20  
s.79 (dd/mm/yyyy)

9:00 am/pm  
s.79

Inspector:

Inspector ID#



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein, B/W  
Age of Animal: 5 Ear Tag: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: paralysis / tendon rupture

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of paralysis / tendon rupture

☒ I verify that this animal was humanely stunned and properly bleed Date of slaughter: 21/05/2014  
(dd/mm/yyyy)

Time of stunning: 7:15 am/pm Time after bleeding: 7:15 am/pm Time carcass shipped: 7:20 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

s.79 is accurate: s.79

Owner of Animal Signature \_\_\_\_\_ Veterinarian Signature \_\_\_\_\_

Name: s.79 Date: 21/05/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_ Name: s.79 Date: 21/05/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 21/05/14 7:35 am/pm  
s.79

Operator: \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/05/2014 08:00 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_ Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white / Holstein s.79  
Age of Animal: 3yr. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: DOWNER

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated femur.

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 21/05/2014  
(dd/mm/yyyy)

Time of stunning: 6:02 am/pm Time after bleeding: 6:04 am/pm Time carcass shipped: 6:07 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We, s.79, verify information is accurate: s.79

Name: s.79  
Owner Print Name: \_\_\_\_\_ Date: 21/05/2014  
(dd/mm/yyyy)

Veterinarian Signature: \_\_\_\_\_  
Practice/Clinic Name: \_\_\_\_\_  
Name: s.79 Date: 21/05/2014  
(Veterinarian Print Name) (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 21 05 14 730 am/pm  
s.79 s.79

Operator: \_\_\_\_\_  
Print Name Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/05/2014 17:40 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name Signature



# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein female

Age of Animal: 2.5 yrs. Ear Tag # <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Fractured left femur

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured left femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 21/05/2014  
(dd/mm/yyyy)

Time of stunning: 10:15 am Time after bleeding: 10:21 am Time carcass shipped: 10:25 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

<sup>s.79</sup>

We hereby certify that the above information is accurate: <sup>s.79</sup>

<sup>s.79</sup> Owner of Animal Signature

Name: \_\_\_\_\_ Date: 21/05/2014  
(dd/mm/yyyy)

Owner Print Name

<sup>s.79</sup>

<sup>s.79</sup> Veterinarian Signature

Name: \_\_\_\_\_ Date: 21/05/2014  
(dd/mm/yyyy)

(Veterinarian Print Name)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 21/05/2014 11:30 am/pm  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/05/2014 11:45 am/pm  
<sup>s.79</sup> <sup>s.79</sup>

Inspector: \_\_\_\_\_  
Inspector Print Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein + Blw. s.79  
Age of Animal: 5x Bar Tag \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer.

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of wounds on RF Leg

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 26/05/2014  
(dd/mm/yyyy)

Time of stunning: 10:00 am Time after bleeding: 10:00 am Time carcass shipped: 10:05 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

(if not accurate)

Name: \_\_\_\_\_ s.79

Owner Print Name

Date: 26/05/2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name:

Name: \_\_\_\_\_ s.79

(Veterinarian Print Name)

Date: 26/05/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 26/05/2014 s.79 11:25

Operator: \_\_\_\_\_ s.79  
Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 26/05/2014 s.79 12:00

Inspector: \_\_\_\_\_ s.79  
Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_ s.79

Animal Description: (color, breed, markings) Holstein, Black/white  
Age of Animal: \_\_\_\_\_ Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Left Hind Leg injury, non ambulatory

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 26/05/2014  
(dd/mm/yyyy)

Time of stunning: 9:30 am

Time after bleeding: 9:40 am

Time carcass shipped: 9:40 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

W s.79 \_\_\_\_\_ ove information is accurate: s.79

☒ Owner of Animal Signature

Name: s.79

Date: 26/05/2014  
(dd/mm/yyyy)

s.79

s.79

Owner Print Name

s.79

Clinic Name:

Name:

(Veterinarian Print Name)

Date: 26/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 26/05/2014 11:20 am/pm  
(dd/mm/yyyy) s.79

Operator: \_\_\_\_\_ s.79

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 26/05/2014 11:25 am/pm  
(dd/mm/yyyy) s.79 s.79

Inspector:

Inspector ID#

Print Name

Signature



# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLACK/WHITE HOLSTEIN FRIESIAN 12 years old

Black head white markings Age of Animal: 3 YRS Ear Tag #: s.79  
hazel eyes

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: left Forelimb paralysed / Fractured

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fracture / Trauma to left Forelimb

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 26/05/2014  
(dd/mm/yyyy)

Time of stunning: 10:28 am

Time after bleeding: 10:38 am

Time carcass shipped: 10:41 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

s.79

Name: \_\_\_\_\_  
s.79

Date: 26/05/2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name: \_\_\_\_\_

Name \_\_\_\_\_  
s.79

(Veterinarian Print Name)

Date: 26/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 26/05/2014 11:30  
(dd/mm/yyyy) s.79

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 26/05/2014 11:40  
(dd/mm/yyyy) s.79 am/pm

Inspector: \_\_\_\_\_  
Inspector ID# Print Name Signature



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# Documentation for Approved Emergency Slaughter

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*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLACK + white, Holstein s.79  
Age of Animal: 3y.o. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 28/05/2014  
(dd/mm/yyyy)

Time of stunning: 7:40 am/pm Time after bleeding: 7:42 am/pm Time carcass shipped: 7:46 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We hereby certify that the above information is accurate: s.79

Owner of Animal Signature  
s.79

Name: \_\_\_\_\_  
Owner Print Name

s.79

Date: 28/05/2014  
(dd/mm/yyyy)

s.79

Veterinarian Signature

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Practice/Clinic Name:

Date: 28/05/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 28/05/14 8:35 am/pm  
s.79 (time)

Operator: \_\_\_\_\_  
Print Name Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 28/05/2014 08:45 am/pm  
s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name





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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Brown Jersey Age of Animal: 6y Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Hind Right Leg Lesion - ligament rupture

☒ I verify that this animal was humanely stunned and properly bleed Date of slaughter: 29/05/2014  
(dd/mm/yyyy)

Time of stunning: 7:59 am/pm Time after bleeding: 8:00 am/pm Time carcass shipped: 8:05 am/pm  
s.79

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We hereby certify that the above information is accurate: s.79  
s.79

Owner of Animal Signature  
s.79

Name: \_\_\_\_\_

Owner Print Name

s.79

Date: 29/05/2014  
(dd/mm/yyyy)

Veterinarian Signature

s.79

Practice/Clinic Name: \_\_\_\_\_

Name: s.79

(Veterinarian Print Name)

Date: 29/05/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 29/05/14 9:00  
s.79 (time) s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 29/05/2014 09:15  
s.79 s.79 (am/pm)

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein - red/white s.79  
Age of Animal: 4 yr. Ear Tag #: \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: leg injury

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of leg injury

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 30/05/2014  
(dd/mm/yyyy)

Time of stunning: 9:45 am/pm Time after bleeding: 9:45 am/pm Time carcass shipped: 9:50 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

s.79

s.79  
Name

Owner Print Name: \_\_\_\_\_

Date: 30/05/2014  
(dd/mm/yyyy)

s.79

s.79

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 30/05/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 30/05/14 10:10 am/pm  
s.79 (yy)

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/05/2014 11:20 am/pm  
s.79 s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white / Holstein FC = s.79  
Age of Animal: 5 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: LATEX REFLUXARY / NON-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 02/06/2014  
(dd/mm/yyyy)

Time of stunning: 847 am/pm Time after bleeding: 850 am/pm Time carcass shipped: 852 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

s.79

Name \_\_\_\_\_  
s.79

Date: JUN 02 14  
(dd/mm/yyyy)

s.79

Veterinarian Signature

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 02/06/2014  
(dd/mm/yyyy)

s.79

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 02/06/2014  
(dd/mm/yyyy)

s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02/06/2014  
(dd/mm/yyyy)

s.79

s.79

s.79

10:30 am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black + white / HOLSTEIN  
FL 963422 Age of Animal: 5 Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Injurious to transport ☐ Behaviour / size of animal

Describe condition identified above: Paralysis non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Obstinate nerve paralysis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 02/06/2014  
(dd/mm/yyyy)

Time of stunning: 826 am/pm Time after bleeding: 830 am/pm Time carcass shipped: 835 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
<sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
<sup>s.79</sup>

<sup>s.79</sup>

Owner of Animal Signature \_\_\_\_\_  
<sup>s.79</sup>  
Name \_\_\_\_\_ Date: \_\_\_\_\_  
Owner Print Name (dd/mm/yyyy)

Veterinarian Signature \_\_\_\_\_  
<sup>s.79</sup>  
Practice/Clinic Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: 02/06/2014  
(Veterinarian Print Name) (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 02/06/2014 10:00 am/pm  
(dd/mm/yyyy) (tim) <sup>s.79</sup>

Operator: \_\_\_\_\_  
<sup>s.79</sup>  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02/06/2014 10:05 am/pm  
(dd/mm/yyyy) (tim) <sup>s.79</sup>

Inspector: \_\_\_\_\_  
<sup>s.79</sup>  
Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLACK + white / Holstein / FLEES  
Age of Animal: 5 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Sternally recumbent.

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 02/06/2014  
(dd/mm/yyyy)

Time of stunning: 827 am/pm Time after bleeding: 829 am/pm Time carcass shipped: 833 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

s.79

of Animal Signature

Name: \_\_\_\_\_ s.79

Owner Print Name

Date: 02/06/2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_ s.79

(Veterinarian Print Name)

Date: 02/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 02/06/2014 10:05 s.79  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_ s.79

Print Name

Signature /

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02/06/2014 10:15 s.79  
(dd/mm/yyyy) am/pm

Inspector: \_\_\_\_\_ s.79

Inspector ID#



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white / Holstein FF s.79  
Age of Animal: 3 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 02/06/2014  
(dd/mm/yyyy)

Time of stunning: 910 am/pm

Time after bleeding: 912 am/pm

Time carcass shipped: 915 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79 Information is accurate: s.79

Name: s.79 Date: 02/06/2014  
(dd/mm/yyyy)

Owner Print Name

s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 02/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 02/06/2014 10:30 am/pm  
(dd/mm/yyyy) (time)

Operator: s.79  
Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02/06/2014 10:45 am/pm  
(dd/mm/yyyy)

Inspector: s.79 s.79  
Inspector ID# Print Name Signature



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white Holstein female

Age of Animal: 4.5 yrs Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Fractured right Femur

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured right Femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 03/06/2014  
(dd/mm/yyyy)

Time of stunning: 9:40 am/pm

Time after bleeding: 9:46 am/pm

Time carcass shipped: 9:52 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

We s.79

Name: s.79

Owner Print Name

Date: 03/06/2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name:

Name: s.79

(Veterinarian Print Name)

Date: 03/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_

03/06/2014  
(dd/mm/yyyy)

10:30

am/pm

(s.79)

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

03/06/14  
(dd/mm/yyyy)  
s.79

10:35

(am/pm)

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black + white / Holstein <sup>s.79</sup>  
Age of Animal: 5 Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Not ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of dehydrated female

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 05/06/2014  
(dd/mm/yyyy)

Time of stunning: 740 (am/pm) Time after bleeding: 741 (am/pm) Time carcass shipped: 745 (am/pm)

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: <sup>s.79</sup>

<sup>s.79</sup> Owner of Animal Signature

Name: <sup>s.79</sup>

Owner Print Name

Date: 05/06/2014  
(dd/mm/yyyy)

<sup>s.79</sup> Veterinarian Signature

Practice/Clinic Name: \_\_\_\_\_

Name: <sup>s.79</sup>  
(Veterinarian Print Name)

Date: 05/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: <sup>s.79</sup>

05/06/14

09:05 (time) <sup>s.79</sup>

Operator: \_\_\_\_\_  
Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: <sup>s.79</sup>

05/06/2014  
(dd/mm/yyyy)

09:30 (time) <sup>s.79</sup>

Inspector: \_\_\_\_\_  
Inspector ID#

Print Name

Signature





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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white, Holstein, FC s.79  
Age of Animal: 5 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Obturator Nerve paralysis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 05/06/2014  
(dd/mm/yyyy)

Time of stunning: 7:00 am/pm Time after bleeding: 7:10 am/pm Time carcass shipped: 7:30 am/pm  
s.79

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

Owner of Animal Signature  
Name: \_\_\_\_\_  
s.79

Date: 05/06/2014  
(dd/mm/yyyy)

Veterinarian Signature  
Name: \_\_\_\_\_  
s.79

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 05/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 05/06/14 09:05 (am/pm)  
s.79 (time)

Operator: \_\_\_\_\_  
Print Name Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 05/06/2014 09:20 (am/pm)  
s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black-white Holstein <sup>s.79</sup> FT  
Age of Animal: 2 yrs Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 06/06/2014  
(dd/mm/yyyy)

Time of stunning: 8:52 am/pm

Time after bleeding: 8:53 am/pm

Time carcass shipped: 8:56 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
<sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

<sup>s.79</sup>

We hereby certify that the above information is accurate:  
<sup>s.79</sup>

<sup>s.79</sup>

<sup>s.79</sup>

Name: \_\_\_\_\_

Date: 06/06/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 06/06/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 06/06/14 10:15 <sup>s.79</sup>  
<sup>s.79</sup> (time)

Operator: \_\_\_\_\_

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 06/06/2014 12:20 <sup>s.79</sup>  
<sup>s.79</sup> (dd/mm/yyyy) am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blackwhite Holstein cross Female  
Age of Animal: 4.5 yrs. Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Fractured left femur

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured left femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 09/06/2014  
(dd/mm/yyyy)

Time of stunning: 10:46 am/pm Time after bleeding: 10:53 am/pm Time carcass shipped: 11:00 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

We hereby certify that the above information is accurate:  
s.79

Name: Jeff K. Boyman Date: 09/06/2014  
Owner Print Name (dd/mm/yyyy)

s.79

s.79

Practice/Clinic Name: \_\_\_\_\_

s.79

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 09/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 09/06/2014 am/pm  
(dd/mm/yyyy) (time) s.79

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 09/06/2014 am/pm  
(dd/mm/yyyy) (time) s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

v

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_ s.79

Animal Description: (color, breed, markings) Blw Holstein

Age of Animal: 06/04/2011 Bar Tag #: \_\_\_\_\_ s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Broken LH Leg

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 09/06/2014  
(dd/mm/yyyy)

Time of stunning: 7:50 am/pm

Time after bleeding: 8:50 am/pm

Time carcass shipped: 8:55 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

s.79

s.79

s.79

s.79

Veterinarian Signature

s.79

s.79

Name

Date: 09/06/2014  
(dd/mm/yyyy)

Practice/Clinic Name:

s.79

Name:

(Veterinarian Print Name)

Date: 09/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir:

09/06/2014  
(dd/mm/yyyy)

9:50  
s.79

am/pm

s.79

Operator:

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

09/06/2014  
(dd/mm/yyyy)

10:20  
s.79

am/pm

s.79

s.79

s.79

Inspector:

Inspector ID#

Print Name



# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & White Holstein

Age of Animal: ~ 3 years Ear Tag: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: NON WEIGHT BEARING RIGHT FRONT LEG

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of FRACTURE RT FRONT LEG BELOW CARPUS (KNEE)

☐ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: JUNE 9 / 2014  
(dd/mm/yyyy)

Time of stunning: 8:08 am/pm Time after bleeding: 8:10 am/pm Time carcass shipped: 8:15 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

Name: \_\_\_\_\_  
Owner Print Name  
Date: JUNE 9 /  
(dd/mm/yyyy)

Veterinarian Signature \_\_\_\_\_

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Veterinarian Print Name)  
Date: JUNE 9 / 2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 09/06/2014 9:50 s.79  
(dd/mm/yyyy) (tin)

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 09/06/2014 10:00 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white  
Age of Animal: 26 Jun-07 Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: splitz, torn muscles back legs

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of torn muscles, nerve damage

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 10/06/2014  
(dd/mm/yyyy)

Time of stunning: 9:30 am/pm Time after bleeding: 9:35 am/pm Time carcass shipped: 9:40 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the above information is accurate:  
s.79

Name: \_\_\_\_\_  
s.79

Date: 10/06/2014  
(dd/mm/yyyy)

s.79

Veterinarian Signature

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 10/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 10/06/2014  
(dd/mm/yyyy)

10:20 s.79  
(time)

Operator: \_\_\_\_\_  
s.79

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014-06-10  
(dd/mm/yyyy)

10:40 am/pm  
(time)

Inspector: \_\_\_\_\_  
Inspector ID#

Print Name



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein, black & white  
Age of Animal: 2 yrs. Ear Tag: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: nerve damage to back legs, split

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of nerve damage

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 10/06/2014  
(dd/mm/yyyy)

Time of stunning: 10:30 am Time after bleeding: 10:31 am Time carcass shipped: 10:40 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

s.79

to:

s.79

Veterinarian Signature

Owner Print Name

(dd/mm/yyyy)

s.79

Practice/Clinic Name:

Name: s.79

(Veterinarian Print Name)

Date: 10/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 10/06/2014 11:45 am/pm  
s.79 (time)

Operator: \_\_\_\_\_  
Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014-06-10 11:55 am/pm  
s.79 (dd/mm/yyyy) s.79

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black + white Holstein Female  
Age of Animal: 4.5 yrs. Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Did splits, right hind limb hip joint instability, Generalized weakness

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of ruptured musculature of right hind limb

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 12/06/2014  
(dd/mm/yyyy)

Time of stunning: 6:36 am/pm  
9:36 am/pm

Time after bleeding: 6:42 am/pm

Time carcass shipped: 6:47 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the above information is accurate:  
s.79

Name: \_\_\_\_\_  
s.79

Owner Print Name: \_\_\_\_\_

Date: 12/06/2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
s.79

(Veterinarian Print Name)

Date: 12/06/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 12/06/2014 7:50 am/pm  
s.79 s.79

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 12/06/2014 08:00 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name





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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black + white, HOUSTON FL s.79  
Age of Animal: 4 Ear Tag s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of PARTIAL TOEN ACL

☒ I verify that this animal was humanely stunned and properly bleed Date of slaughter: 13/06/2014  
(dd/mm/yyyy)

Time of stunning: 8:29 am/pm Time after bleeding: 8:31 am/pm Time carcass shipped: 8:36 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

☒ Owner of Animal Signature \_\_\_\_\_ s.79  
Name: \_\_\_\_\_

Owner Print Name

Date: 13/06/2014  
(dd/mm/yyyy)

s.79

Practitioner Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 13/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 13/06/2014 9:30 am/pm  
s.79 s.79

Operator: \_\_\_\_\_  
Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 13/06/2014 09:40 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name



# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein - black/white s.79

Age of Animal: 4 Ear Tag \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: front limb injury

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of inability to get up

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 13/06/2014  
(dd/mm/yyyy)

Time of stunning: 10:20 am/pm

Time after bleeding: 10:21 am/pm

Time carcass shipped: 10:25 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_ s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby s.79

certify that the information is accurate: \_\_\_\_\_ s.79

Signature \_\_\_\_\_

Name: \_\_\_\_\_ s.79

Date: 13/06/2014  
(dd/mm/yyyy)

s.79

Name: \_\_\_\_\_ s.79

(Veterinarian Print Name)

Date: 13/06/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 13/06/2014  
(dd/mm/yyyy)

11:20 am/pm s.79

Operator: \_\_\_\_\_ s.79

(Print Name)

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 13/06/2014  
(dd/mm/yyyy)

11:30 am/pm s.79

Inspector: \_\_\_\_\_ s.79

(Inspector ID#)

(Print Name)



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black + white / HOLSTEIN / F1 = s.79  
Age of Animal: 5 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of partially dislocated femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 16/06/2014  
(dd/mm/yyyy)

Time of stunning: 8:24 am/pm Time after bleeding: 8:30 am/pm Time carcass shipped: 8:35 am/pm

The brain matter was submitted for B.S.F. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

V. s.79 is accurate: s.79

Owner of Animal Signature

Name: X s.79

Date: 16/06/2014  
(dd/mm/yyyy)

Owner Print Name

s.79

s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 16/06/2014  
(dd/mm/yyyy)

s.79

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 16/06/14 9:40 am/pm  
s.79 (time)

Operator: \_\_\_\_\_ s.79  
Print Name Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 16/06/2014 09:45 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID#



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLACK + white, HOLSTEIN s.79  
Age of Animal: \_\_\_\_\_ Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of upper spinal cord trauma

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 17/06/2014  
(dd/mm/yyyy)

Time of stunning: 1044 am/pm

Time after bleeding: 1046 am/pm

Time carcass shipped: 1052 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit: \_\_\_\_\_ s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79  
s.79

Name: X s.79

OWNER (Print Name)

Date: 17/06/2014  
(dd/mm/yyyy)

s.79

Veterinarian Signature

s.79

Location/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 17/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 17/06/14  
s.79 (dd/mm/yyyy)

11:30 am/pm  
(time)

s.79

Operator

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 17/06/2014  
s.79 (dd/mm/yyyy)

11:34 am/pm  
(time)

s.79

Inspector:

Inspector ID#

Print Name

Signature



Ministry of Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blw Holstein Age of Animal: 08 Jun 2010 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Severe lameness

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Left hind leg foot infection / abscess

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 17/06/2014  
(dd/mm/yyyy)

Time of stunning: 8:22 am

Time after bleeding: 8:24 am

Time carcass shipped: 8:27 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: \_\_\_\_\_  
s.79

Owner of Animal Signature \_\_\_\_\_

Name: \_\_\_\_\_  
s.79

Date: 17/06/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name \_\_\_\_\_  
s.79

(Veterinarian Print Name)

Date: 17/06/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_

s.79

17/06/2014  
(dd/mm/yyyy)

9:11  
s.79

am/pm

Operator: \_\_\_\_\_

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

s.79

s.79

17/06/2014  
(dd/mm/yyyy)

s.79

9:22  
(time)

am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein, Blk + white # s.79

Age of Animal: 5 yrs. E

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: \_\_\_\_\_

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured Right Shoulder

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 19/06/2014  
(dd/mm/yyyy)

Time of stunning: 9:45 am

Time after bleeding: 9:50 am

Time carcass shipped: 9:55 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_ s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We s.79

Information is accurate:

Name: \_\_\_\_\_ s.79

Date: 19/06/2014 s.79  
(dd/mm/yyyy)

\_\_\_\_\_  
Veterinarian Signature

Name: \_\_\_\_\_ s.79

Practice/Clinic Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 19/06/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 19/06/14 s.79  
(dd/mm/yyyy)

11:00 (am/pm) s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 19/06/2014 s.79

11:10 (am/pm) s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black White Holstein s.79  
Age of Animal: 6 s.79 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: \_\_\_\_\_

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of MASTITIS + PNEUMONIA

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 19/06/2014  
(dd/mm/yyyy)

Time of stunning: 9:50 am

Time after bleeding: 9:55 am

Time carcass shipped: 9:55 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_ s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby s.79 e information is accurate: s.79

Signature of Animal Owner s.79

Name: \_\_\_\_\_ s.79  
(dd/mm/yyyy)

s.79

s.79

s.79

Name

(Veterinarian Print Name)

Date: 19/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time s.79

10/06/14  
(dd/mm/yyyy)

11:00 am  
(time)

Operator: \_\_\_\_\_

s.79

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

s.79

s.79

s.79

11:20

(am/pm)

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



# Documentation for Approved Emergency Slaughter

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*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein black & white

Age of Animal: 5 Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: hind injury

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of hind injury

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 20/06/2014  
(dd/mm/yyyy)

Time of stunning: 7:55 am/pm Time after bleeding: 7:55 am/pm Time carcass shipped: 8:00 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: <sup>s.79</sup>

We hereby certify that the above information is accurate:  
<sup>s.79</sup>

<sup>s.79</sup>  
Name: \_\_\_\_\_ Date: 20/06/2014  
Owner Print Name (dd/mm/yyyy)

<sup>s.79</sup>  
Veterinarian Signature  
Practice/Clinic Name: \_\_\_\_\_

<sup>s.79</sup> Name: <sup>s.79</sup> Date: 20/06/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 20 06 14 845 am/pm  
<sup>s.79</sup> (time)

Operator: \_\_\_\_\_  
Print Name Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 20/06/2014 09:00 am/pm  
<sup>s.79</sup> (dd/mm/yyyy) <sup>s.79</sup>

Inspector: \_\_\_\_\_  
Inspector ID# Signature





Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W Holstein Age of Animal: 5 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: post partum downer

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of paralysis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 23 JUN 2014  
(dd/mm/yyyy)

Time of stunning: 8:22 am/pm

Time after bleeding: 8:25 am/pm

Time carcass shipped: 8:30 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

Owner of Animal Signature

Name: s.79

Date: 23 JUN 2014  
(dd/mm/yyyy)

Veterinarian Signature

s.79

Print Name: \_\_\_\_\_

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 23 JUN 2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 23/06/14

s.79

9:25

(time)

am/pm

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 23/06/2014

s.79

s.79

s.79

09:30

am/pm

Inspector: \_\_\_\_\_

Inspector ID#



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Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white  
Age of Animal: 5 Ear Tag #s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: lame (R) hind

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of lame (R) hind

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 23/06/2014  
(dd/mm/yyyy)

Time of stunning: 10:27 am/pm

Time after bleeding: 10:27 am/pm

Time carcass shipped: 10:27 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We hereby certify that the above information is accurate:  
s.79

Owner of Animal Signature \_\_\_\_\_  
s.79  
Name: \_\_\_\_\_ Date: 23/06/2014  
s.79 (dd/mm/yyyy)  
Owner Print Name

Veterinarian Signature \_\_\_\_\_  
s.79  
Practice/Clinic Name: \_\_\_\_\_  
Name: s.79 Date: 23/06/2014  
(Veterinarian Print Name) (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 23/06/14  
s.79 (yy)

11:00 am/pm  
s.79 (time)

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 23/06/2014  
s.79 (dd/mm/yyyy)

11:15 am/pm  
s.79

Inspector: s.79  
Inspector ID#

s.79  
Print Name

Signature



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white  
Age of Animal: 08-Jun-09 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☒ Behaviour / size of animal

Describe condition identified above: swollen back @ leg

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of swollen back @ leg

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 25/06/2014  
(dd/mm/yyyy)

Time of stunning: 7:25 am/pm Time after bleeding: 7:25 am/pm Time carcass shipped: 7:35 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

Owner of Animal Signature

Name s.79

Date: 25/06/2014  
(dd/mm/yyyy)

s.79

Owner Print Name

s.79

Practice/Clinic Name:

Name: s.79

(Veterinarian Print Name)

Date: 25/06/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 25/06/14 8:45 am/pm  
(dd/mm/yyyy) s.79

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 25/06/2014 09:00 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79

Age of Animal: 08-Jun-11 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☐ Inhumane to transport ☒ Behaviour / size of animal

Describe condition identified above: dangerous animal

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of aggressive behavior (severe)

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 25/06/2014  
(dd/mm/yyyy)

Time of stunning: 7:30 am/pm

Time after bleeding: 7:31 am/pm

Time carcass shipped: 7:30 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

s.79

We hereby certify that the above information is accurate:  
s.79

Owner of Animal Signature  
s.79

Name: \_\_\_\_\_  
Owner Print Name

s.79

Date: 25/06/2014  
(dd/mm/yyyy)

s.79

Veterinarian Signature

Practice/Clinic Name: \_\_\_\_\_

Name: s.79

(Veterinarian Print Name)

Date: 25/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 25/06/2014  
(dd/mm/yyyy)

8:45 s.79  
(hr)

Operator: \_\_\_\_\_ s.79

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 25/06/2014  
(dd/mm/yyyy)

s.79

08:45 am/pm

Inspector: \_\_\_\_\_  
Inspector ID#

Print Name



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein black & white  
Age of Animal: 6 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: swollen (L) front foot, non-weight bearing

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of swollen (L) front foot

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 27/06/2014  
(dd/mm/yyyy)

Time of stunning: 11:30 am/pm

Time after bleeding: 11:35 am/pm

Time carcass shipped: 11:40 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the above information is accurate:  
s.79

Owner or Animal Signature

s.79

Name

Owner Print Name

Date: 27/06/2014  
(dd/mm/yyyy)

Veterinarian Signature

s.79

Practice/Clinic Name:

Name: s.79

(Veterinarian Print Name)

Date: 27/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir:

s.79

27/06/2014  
(dd/mm/yyyy)

12:30  
(time) s.79

am/pm

Operator:

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

s.79

s.79

27/06/2014  
(dd/mm/yyyy)

s.79

12:40

am/pm

Inspector:

Inspector ID#



Ministry of  
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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79

Age of Animal: 12 Sept-10 Ear Tag #: \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: dislocated (L) hip

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of dislocated (L) hip.

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 30/06/2014  
(dd/mm/yyyy)

Time of stunning: 7:10 (am/pm)

Time after bleeding: 7:15 (am/pm)

Time carcass shipped: 7:20 (am/pm)  
s.79

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the above information is accurate:  
s.79

Owner of Animal Signature  
s.79

Name: \_\_\_\_\_  
s.79 Owner Print Name

Date: 30/06/2014  
(dd/mm/yyyy)

Veterinarian Signature

s.79

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
s.79

(Veterinarian Print Name)

Date: 30/06/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 30 06 14

(dd/mm/yyyy)

825

s.79

(am/pm)

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014-06-30

(dd/mm/yyyy)

s.79

(am/pm)

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) \_\_\_\_\_

Age of Animal: 3 yr Ear Tag #: <sup>s.79</sup> \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: RT. ABOMASAL TORSION

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of RIGHT ABOMASAL TORSION

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 02 24 2014  
(dd/mm/yyyy)

Time of stunning: 855 am/pm

Time after bleeding: 856 am/pm

Time carcass shipped: 903 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: <sup>s.79</sup> \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: <sup>s.79</sup> \_\_\_\_\_

We hereby certify that the above information is accurate: <sup>s.79</sup>

Name: <sup>s.79</sup> \_\_\_\_\_

Date: 6-2-14  
(dd/mm/yyyy)

<sup>s.79</sup>

<sup>s.79</sup>

<sup>s.79</sup>

ic Name: \_\_\_\_\_

ame: \_\_\_\_\_

(Veterinarian Print Name)

Date: 02 24 2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: <sup>s.79</sup>

02-07-14

16:00

(time)

am/pm

Operator: \_\_\_\_\_

<sup>s.79</sup>

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: <sup>s.79</sup>

02-07-14  
(dd/mm/yyyy)

16:15

am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLW HOLSTEIN

Age of Animal: 4yr Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: DOWNER; FRACTURED FEMUR

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of FRACTURED FEMUR / DOWNER

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 03/22/2014  
(dd/mm/yyyy)

Time of stunning: 8:58 am/pm

Time after bleeding: 8:58 am/pm

Time carcass shipped: 8:01 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ <sup>s.79</sup>

<sup>s.79</sup>

s accurate:

<sup>s.79</sup>

Name: <sup>s.79</sup>

Date: 7-2-14  
(dd/mm/yyyy)

<sup>s.79</sup>

Veterinarian Signature

<sup>s.79</sup>

Practice/Clinic Name:

ie: <sup>s.79</sup>

(Veterinarian Print Name)

Date: 03/22/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_  
<sup>s.79</sup>

02-07-14  
(yyyy)

10:00

(time)

am/pm

Operator:

Print Name

<sup>s.79</sup>

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_  
<sup>s.79</sup>

<sup>s.79</sup>

02-07-14  
(dd/mm/yyyy)

10:15

(time)

am/pm

Inspector:

Inspector ID#

Print Name

<sup>s.79</sup>





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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W HOLSTEIN

Age of Animal: 4yr Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: DOWNER ; injured pelvic ligaments

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of injury / pelvic ligaments

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 02/22/14  
(dd/mm/yyyy)

Time of stunning: 9:58 am/pm Time after bleeding: 9:58 am/pm Time carcass shipped: 8:05 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

s.79 is accurate: s.79

Name: s.79

Date: 7-2-14  
(dd/mm/yyyy)

Veterinarian Signature

Print Name

s.79  
nc:

(Veterinarian Print Name)

Date: 02/22/14  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: s.79

02-07-14  
(dd/mm/yyyy)

10:00 am/pm  
(time)  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: s.79

s.79

(dd/mm/yyyy)

s.79

10:15 am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white, Holstein, F7=s.79  
Age of Animal: 3y.o. Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of hind end weakness

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 3/07/2014  
(dd/mm/yyyy)

Time of stunning: 6:05 am/pm

Time after bleeding: 8:07 am/pm

Time carcass shipped: 8:12 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

Veterinarian certifies that the above information is accurate: s.79

s.79

s.79

Name: \_\_\_\_\_  
Owner Print Name

Date: 3/07/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 3/07/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 03-07-14  
(dd/mm/yyyy)

s.79

9:30  
(time) am/pm

s.79

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 03-07-14  
(dd/mm/yyyy)

s.79

s.79

s.79

Inspector: \_\_\_\_\_  
Inspector ID#

Print Name



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white, Holstein s.79  
Age of Animal: 5 y.o. Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: lateral recumbency

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of acute lateral paralysis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 3/07/2014  
(dd/mm/yyyy)

Time of stunning: 8:32 am/pm Time after bleeding: 8:34 am/pm Time carcass shipped: 8:38 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We her s.79 is accurate: s.79

J  
s.79 Owner of Animal Signature

Name: \_\_\_\_\_ Date: 3/07/2014  
(dd/mm/yyyy)

Owner Print Name

s.79

s.79

s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 3/07/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 03-07-14 9:30 am/pm  
s.79 (time)

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 03-07-14 9:30 am/pm  
s.79 s.79 (time)

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) black Holstein s.79

Age of Animal: 10 yrs Ear Tag

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: lame LH

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of LH injury

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 03/07/2014  
(dd/mm/yyyy)

Time of stunning: 10:20 am/pm

Time after bleeding: 10:21 am/pm

Time carcass shipped: 10:25 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

OWNER OF ANIMAL SIGNATURE

Name: s.79

Date: 03/07/2014  
(dd/mm/yyyy)

s.79

Owner Print Name

s.79

s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 03/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 03/07/14 10:15 s.79  
(dd/mm/yyyy)

Operator: \_\_\_\_\_ s.79

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 03-07-14 10:50 s.79  
s.79

Inspector: \_\_\_\_\_  
Inspector ID#

Created Date: November 20, 2013

Revised Date:

Procedure Reference: MIP-3.2

Form 3.2-001



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black + white Holstein female  
Age of Animal: 02 MAR 2012 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: left femur fractured

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured left femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 04/07/2014  
(dd/mm/yyyy)

Time of stunning: 10:00 am

Time after bleeding: 10:07 am

Time carcass shipped: 10:15 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

s.79

on is accurate:

s.79

s.79

Veterinarian Signature

Name

Date: 04/07/2014  
(dd/mm/yyyy)

Owner Print Name

s.79

s.79

Practice/Clinic Name:

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 04/07/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 04-07-14  
s.79 (n/yyyy)

s.79

time

11:20 (am/pm)

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 04-07-14  
s.79 (dd/mm/yyyy)

s.79

s.79

s.79

11:20 (am/pm)

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Red & white Holstein Female  
Age of Animal: 4.5 yrs. Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Gangrenous mastitis right front quarter, down cow

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Mastitis right front quarter

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 04/07/2014  
(dd/mm/yyyy)

Time of stunning: 10:30 am/pm Time after bleeding: 10:35 am/pm Time carcass shipped: 11:40 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

I, s.79 above information is accurate: s.79

Owner of Animal Signature

Name: s.79 Date: 04/07/2014  
(dd/mm/yyyy)

Owner Print Name  
s.79

s.79

s.79

Name: \_\_\_\_\_ Date: 04/07/2014  
(Veterinarian Print Name) (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 04-07-14 11:30 am/pm  
s.79 (dd/mm/yyyy) s.79

Operator: \_\_\_\_\_  
Print Name Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 04-07-14 11:30 am/pm  
s.79 (dd/mm/yyyy) s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W HOLSTEIN s.79

Age of Animal: 3 1/2 yrs Ear Tag \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: INJURED STIFLE JOINT

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of DOWNER ; injured stifle joints

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 07/07/2014  
(dd/mm/yyyy)

Time of stunning: 9:50 am/pm

Time after bleeding: 9:50 am/pm

Time carcass shipped: 10:00 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify s.79

c: s.79

s.79

Name:

Owner Print Name

Date: 07/07/2014  
(dd/mm/yyyy)

s.79

s.79

Destination/Client Name:

Name:

(veterinarian print name)

Date: 07/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir:

07/07/2014  
(dd/mm/yyyy)

10:30  
(time)

am/pm

Operator:

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

07/07/2014  
(dd/mm/yyyy)

11:30

am/pm

Inspector:

Inspector ID#



Ministry of  
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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W Holstein Age of Animal: 3 yr Ear Tag: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: DISLOCATED HIP

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of DOWNER; DISLOCATED HIP

☒ I verify that this animal was humanely stunned and properly bleed Date of slaughter: 7/3/2014  
(dd/mm/yyyy)

Time of stunning: 9:34 am/pm Time after bleeding: 9:34 am/pm Time carcass shipped: 9:42 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

s.79 accurate:

Name: \_\_\_\_\_  
s.79

Date: 07/07/2014  
(dd/mm/yyyy)

s.79

Veterinarian Signature

Practice/Chain Name:

Name: \_\_\_\_\_  
s.79

(Veterinarian Print Name)

Date: 7/3/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 07/07/2014 10:30  
(dd/mm/yyyy) (tin)

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07/07/2014 11:15  
s.79 s.79 s.79 (am/pm)

Inspector: \_\_\_\_\_  
Inspector ID# Print Name Signature





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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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**The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.**

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blk Holstein Age of Animal: 4yr Ear Tag # \_\_\_\_\_ s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: injured pelvic ligaments

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of downer. Injured pelvic ligaments

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 07072014  
(dd/mm/yyyy)

Time of stunning: 9:04 am/pm Time after bleeding: 9:05 am/pm Time carcass shipped: 9:10 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_ s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the above information is accurate: \_\_\_\_\_ s.79

Name: \_\_\_\_\_ Date: 7/7/2014  
(dd/mm/yyyy)

s.79

Practitioner/Clinic Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: 7/7/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 07/07/2014 10:30 s.79  
(mm/yyyy) (hr)

Operator: \_\_\_\_\_ Print Name: \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07/07/2014 11:00 am/pm  
(mm/yyyy) (hr)

Inspector: \_\_\_\_\_ Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLW HOLSTEIN Age of Animal: 3yr Ear Tag <sup>s.79</sup> \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: LAMENESS

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of CHRONIC PEDAL ARTHRITIS

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 08 JY 2014  
(dd/mm/yyyy)

Time of stunning: 7:26 am/pm Time after bleeding: 7:07 am/pm Time carcass shipped: 7:15 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: <sup>s.79</sup> \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: <sup>s.79</sup> \_\_\_\_\_

We <sup>s.79</sup> \_\_\_\_\_ ation is accurate: <sup>s.79</sup> \_\_\_\_\_

<sup>s.79</sup> \_\_\_\_\_

Name: <sup>s.79</sup> \_\_\_\_\_

<sup>s.79</sup> Owner Print Name

Date: \_\_\_\_\_  
(dd/mm/yyyy)

<sup>s.79</sup> \_\_\_\_\_

Veterinarian Signature

Practice/Clinic Name: \_\_\_\_\_

Name: <sup>s.79</sup> \_\_\_\_\_

(Veterinarian Print Name)

Date: 08 JY 2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 08/07/2014 7:4 <sup>s.79</sup>  
(dd/mm/yyyy) (tm)

Operator: \_\_\_\_\_

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08/07/2014 07:50 <sup>s.79</sup> <sup>s.79</sup> <sup>s.79</sup>  
(dd/mm/yyyy) (am/pm)

Inspector: \_\_\_\_\_

Inspector ID#

Print Name





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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_ s.79

Animal Description: (color, breed, markings) Black + white / Holstein / Friesian  
Age of Animal: 5 Ear Tag s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: SRM not recumbency / non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of partially dislocated femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 10/07/2014  
(dd/mm/yyyy)

Time of stunning: 830 am/pm Time after bleeding: 832 am/pm Time carcass shipped: 840 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the information is accurate: \_\_\_\_\_ s.79

X \_\_\_\_\_ s.79  
Owner of Animal Signature

Name: X \_\_\_\_\_ s.79  
e: 10/07/2014  
(dd/mm/yyyy)

Name: \_\_\_\_\_ s.79  
(Veterinarian Print Name)

Date: 10/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 10/07/14 9:30 am/pm  
s.79 (time)

Operator: \_\_\_\_\_ s.79  
Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 10/07/2014 9:45 am/pm  
s.79 s.79

Inspector: \_\_\_\_\_ s.79  
Print Name



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79

Age of Animal: 3 Ear Tag \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: hock injury

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of hock injury

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 11/07/2014  
(dd/mm/yyyy)

Time of stunning: 9:00 am/pm

Time after bleeding: 9:00 am/pm

Time carcass shipped: 9:05 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

s.79 information is accurate: s.79

s.79 Owner of Animal Signature

s.79 Veterinarian Signature

Name: \_\_\_\_\_ Date: 11/07/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

s.79 Name: \_\_\_\_\_ s.79

Date: 11/07/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 11/07/14  
s.79 (dd/mm/yyyy)

10:15 am/pm  
(time) s.79

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 11/07/2014  
s.79 (dd/mm/yyyy)

s.79

11:24 am/pm

Inspector: \_\_\_\_\_  
Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79

Age of Animal: 10-06-09 Ear Tag: \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: unable to stand, stifle injury

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of stifle injury, unable to stand

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 11/07/2014  
(dd/mm/yyyy)

Time of stunning: 9:15 am/pm

Time after bleeding: 9:16 am/pm

Time carcass shipped: 9:21 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79 s.79

We her \_\_\_\_\_ s accurate:

\_\_\_\_\_  
s.79 signature

Name: \_\_\_\_\_ Date: 11/07/2014  
Owner Print Name (dd/mm/yyyy)

s.79

Veterinarian Signature

Practice/Clinic Name: \_\_\_\_\_

Name: s.79

Date: 11/07/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_  
s.79 (time)

11/07/14  
(time)

10:15 am/pm  
(time) s.79

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_  
s.79

s.79

11:00 am/pm  
(time) s.79

Inspector: \_\_\_\_\_  
Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white Age of Animal: 5 s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down cow, unable to stand

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 11/07/2014  
(dd/mm/yyyy)

Time of stunning: 9:31 am/pm

Time after bleeding: 9:32 am/pm

Time carcass shipped: 9:40 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

s.79 The information is accurate:

s.79 Owner of Animal Signature \_\_\_\_\_  
Name: \_\_\_\_\_ Date: 11/07/2014  
Owner Print Name (dd/mm/yyyy)

s.79 Veterinarian Signature \_\_\_\_\_  
Practice/Clinic Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: 11/07/2014  
(dd/mm/yyyy)  
\*(Veterinarian Print Name)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 11/07/14 10:15 am/pm  
s.79 (time)

Operator: \_\_\_\_\_  
Print Name Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 11/07/2014 11:15 am/pm  
s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein Age of Animal: 7.40 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: broken lumbar vertebrae

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken back

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 14/07/2014  
(dd/mm/yyyy)

Time of stunning: 10:50 am/pm

Time after bleeding: 10:58 am/pm

Time carcass shipped: 11:00 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

is accurate:

s.79

s.79

Name:

s.79

Date: July 14 - 2014  
(dd/mm/yyyy)

s.79

s.79

Name

(Veterinarian Print Name)

Date: 14/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir:

s.79

Operator:

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

s.79

s.79

Inspector:

Inspector ID#

Print Name





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Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_ s.79

Animal Description: (color, breed, markings) Black + white, Husky FF = s.79  
Age of Animal: 3 y.o. Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of facial nerve paralysis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 14/07/2014  
(dd/mm/yyyy)

Time of stunning: 7:45 am/pm

Time after bleeding: 7:47 am/pm

Time carcass shipped: 7:50 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

We hereby certify that the above information is accurate: s.79

X \_\_\_\_\_  
Owner of Animal Signature

s.79

Name: X s.79

Owner Print Name

Date: 14/07/2014  
(dd/mm/yyyy)

Practice/Clinic Name: /

s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 14/07/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_

14/07/2014  
(dd/mm/yyyy)

8:31 am/pm  
(dd/mm/yyyy) s.79

Operator: \_\_\_\_\_ s.79

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

14/07/2014  
s.79

09:15 am/pm  
s.79

Inspector: \_\_\_\_\_

Inspector ID#



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white / Holstein  
HOLSTEIN s.79 Age of Animal: 5 y.o. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Purpura gastroenteritis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 14/07/2014  
(dd/mm/yyyy)

Time of stunning: 7:20 am/pm Time after bleeding: 7:23 am/pm Time carcass shipped: 7:30 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

We hereby certify that the above information is accurate:  
s.79

X s.79

Signature

s.79

Veterinarian Signature

Name: \_\_\_\_\_

Owner Print Name

Date: 14/07/2014

(dd/mm/yyyy)

s.79

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 14/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_

14/07/2014  
(dd/mm/yyyy)

8:35

(time) s.79

Operator: \_\_\_\_\_

s.79

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

14/07/2014  
s.79

s.79

09:00

am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

V

Signature



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black-white, Holstein, Holstein s.79  
Age of Animal: 5 y.o. Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non-ruminating

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 14/07/2014  
(dd/mm/yyyy)

Time of stunning: 655 am/pm Time after bleeding: 700 am/pm Time carcass shipped: 723 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvagable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We s.79 \_\_\_\_\_ s.79

X \_\_\_\_\_ s.79  
Owner of Animal Signature

Name: X \_\_\_\_\_ s.79  
Owner Print Name

Date: 14/07/2014  
(dd/mm/yyyy)

\_\_\_\_\_ s.79  
Veterinarian Signature

Name: \_\_\_\_\_ s.79  
(Veterinarian Print Name)

Date: 14/07/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 14/07/2014  
(dd/mm/yyyy)

s.79

8:35 am/pm  
(time s.79)

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 14/07/2014  
(dd/mm/yyyy)

s.79

s.79

s.79

08245 am/pm

Inspector: \_\_\_\_\_  
Inspector Name

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLK + WHITE HAYDEN s.79

Age of Animal: 3 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: RECUMBANT

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of WEAKNESS

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 15/07/2014  
(dd/mm/yyyy)

Time of stunning: 7:33 am/pm

Time after bleeding: 7:38 am/pm

Time carcass shipped: 7:40 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: s.79

s.79 n is accurate:

s.79 Owner of Animal Signature

Name Date: 15/07/2014 s.79

s.79 Owner Print Name (dd/mm/yyyy)

Name: Date: 15/07/2014 s.79

(Veterinarian Print Name)

(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 15/07/14 845 am/pm

s.79

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 15/07/2014 09:00 am/pm

s.79

s.79

s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein - black

Age of Animal: 4 yrs Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: partial hindlimb paralysis

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of caudal vertebral injury causing paresis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 17/07/2014  
(dd/mm/yyyy)

Time of stunning: 10:11 am/pm

Time after bleeding: 10:15 am/pm

Time carcass shipped: 10:18 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: <sup>s.79</sup>

Owner of Animal Signature

Name: <sup>s.79</sup>

Date: 17/07/2014

<sup>s.79</sup>

<sup>s.79</sup>

<sup>s.79</sup>

ie:

Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 17/07/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: <sup>s.79</sup>

17/07/14  
(mm/yyyy)

10:30 am/pm  
(time)

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: <sup>s.79</sup>

17/07/2014  
(dd/mm/yyyy)

11:30 am/pm  
(time)

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W Holstein Age of Animal: 3 Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: downer ; injured back.

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of DOWNER / INJURED BACK

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 18/07/2014  
(dd/mm/yyyy)

Time of stunning: 7:15 am/pm Time after bleeding: 7:17 am/pm Time carcass shipped: 7:23 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ <sup>s.79</sup>

We certify that the information is accurate: \_\_\_\_\_ <sup>s.79</sup>

Name \_\_\_\_\_ <sup>s.79</sup> Date: 18/07/2014 <sup>s.79</sup>  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_  
Name: \_\_\_\_\_ <sup>s.79</sup> Date: 18/07/2014  
(Veterinarian Print Name) (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 18/07/2014 8:15 am/pm  
<sup>s.79</sup> (i) <sup>s.79</sup>

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 18/07/2014 8:45 am/pm  
<sup>s.79</sup> (i) <sup>s.79</sup>

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blw HOLSTEIN

Age of Animal: 2yr s.79  
Ea: \_\_\_\_\_

Verification reason for emergency slaughter: ☐ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: downer / injured spinal column

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of DOWNER / INJURY

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 18 JY 2014  
(dd/mm/yyyy)

Time of stunning: 6:36 am/pm Time after bleeding: 6:37 am/pm Time carcass shipped: 6:45 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_ s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We h s.79

nation is accurate: \_\_\_\_\_ s.79

Owner of Animal Signature

Name: \_\_\_\_\_ s.79  
s.79

Date: 18 JY 2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_ s.79

(Veterinarian Print Name)

Date: 18 JY 2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 18/07/2014

s.79

8:15 am/pm  
s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 18/07/2014

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLACK + white, HOLSTEIN FT: s.79  
Age of Animal: 13 months Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated left femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 21/07/2014  
(dd/mm/yyyy)

Time of stunning: 8:58 am/pm

Time after bleeding: 9:00 am/pm

Time carcass shipped: 9:05 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

X

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Name: X s.79

Date: 21/07/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: \_\_\_\_\_ s.79

(Veterinarian Print Name)

Date: 21/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_

s.79

21/07/2014  
(dd/mm/yyyy)

s.79

10:40 am/pm

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

s.79

s.79

s.79

11:55 am/pm

Inspector: \_\_\_\_\_

Inspector ID#





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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) BLACK & WHITE, HOLSTEIN FC s.79

Age of Animal: 6 y.o. Ear Tag \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: NON-ambulating

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of ruptured gastrocnemius

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 21/07/2014  
(dd/mm/yyyy)

Time of stunning: 9:25 am/pm

Time after bleeding: 9:27 am/pm

Time carcass shipped: 9:34 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit \_\_\_\_\_ s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

X s.79  
Name: \_\_\_\_\_  
Owner Print Name s.79

Date: 21/07/2014  
(dd/mm/yyyy)

s.79  
Practice/Clinic Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 21/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_

21/07/2014  
(dd/mm/yyyy)

10:40 am/pm  
(time) s.79

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

21/07/2014  
(dd/mm/yyyy)

11:15 am/pm  
(time) s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_ s.79

Animal Description: (color, breed, markings) holstein, black & white s.79

Age of Animal: 10-Jun-12 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: unable to stand - did splitz, inhumane to transport.

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 22/07/2014  
(dd/mm/yyyy)

Time of stunning: 10:00 am s.79

Time after bleeding: 10:01 am s.79

Time carcass shipped: 10:17 am s.79

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We s.79 \_\_\_\_\_

Name s.79 \_\_\_\_\_ Veterinarian Signature \_\_\_\_\_ s.79

Date: 22/07/2014 s.79 \_\_\_\_\_

Owner print name \_\_\_\_\_ Name: \_\_\_\_\_ (Veterinarian Print Name) s.79

Date: 22/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 22/07/2014 10:50 am  
(dd/mm/yyyy) s.79 (time) s.79

Operator: \_\_\_\_\_ Print Name \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 22/07/2014 11:15 am  
(dd/mm/yyyy) s.79 s.79 (time) s.79

Inspector: \_\_\_\_\_ Inspector ID# \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Jersey cross black + white Age of Animal: 5 Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down, unable to stand

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 23/07/2014  
(dd/mm/yyyy)

Time of stunning: 10:00 am Time after bleeding: 10:05 am Time carcass shipped: 10:08 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We hereby certify that the above information is accurate:  
s.79

Animal Signature _____ s.79	Date: <u>23/07/2014</u> (dd/mm/yyyy)	Veterinarian Signature _____ s.79	Practice/Clinic Name: _____
Name _____ s.79		Name: _____ s.79	Date: <u>23/07/2014</u> (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 23/07/2014 11:00 am  
(dd/mm/yyyy) (hr) s.79

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 23/07/2014 11:30 am  
(dd/mm/yyyy) s.79

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Jersey cross, black & white  
Age of Animal: 3 Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down, unable to stand

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 23/07/2014  
(dd/mm/yyyy)

Time of stunning: 10:00 am/pm

Time after bleeding: 10:02 am/pm

Time carcass shipped: 10:08 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
<sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
<sup>s.79</sup>

We hereby certify that the above information is accurate:  
<sup>s.79</sup>

\_\_\_\_\_  
<sup>s.79</sup> Animal Signature

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
<sup>s.79</sup> Name

Date: 23/07/2014  
(dd/mm/yyyy)

\_\_\_\_\_  
Owner Print Name

\_\_\_\_\_  
Practice/Clinic Name:

<sup>s.79</sup>

Name: <sup>s.79</sup>

Date: 23/07/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 23/07/2014  
(dd/mm/yyyy)

11:00 am/pm  
<sup>s.79</sup>

Operator: \_\_\_\_\_  
<sup>s.79</sup>

\_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 23/07/2014  
(dd/mm/yyyy)

<sup>s.79</sup>

11:15 am/pm

<sup>s.79</sup>

<sup>s.79</sup>

Inspector: \_\_\_\_\_

\_\_\_\_\_  
Inspector ID#

\_\_\_\_\_  
Print Name



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blw, Holstein Age of Animal: 23/07/2014 Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal.

Describe condition identified above: Weak

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 24/07/2014  
(dd/mm/yyyy)

Time of stunning: 7:55 am/pm

Time after bleeding: 7:55 am/pm

Time carcass shipped: 8:02 am/pm  
<sup>s.79</sup>

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
<sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
<sup>s.79</sup>

We hereby certify that the above information is accurate:  
<sup>s.79</sup>

\_\_\_\_\_  
<sup>s.79</sup>

Name: \_\_\_\_\_  
Owner Print Name

Date: 24/07/2014  
(dd/mm/yyyy) <sup>s.79</sup>

Name: \_\_\_\_\_  
<sup>s.79</sup>

\_\_\_\_\_  
Practice/ Clinic Name

(Veterinarian Print Name)

Date: 24/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 24/07/14  
<sup>s.79</sup>

24/07/14  
(dd/mm/yyyy)

9:00 am/pm  
<sup>s.79</sup>

Operator: \_\_\_\_\_

Print Name

\_\_\_\_\_  
Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 24/07/2014  
<sup>s.79</sup>

<sup>s.79</sup>

<sup>s.79</sup>

19:15 am/pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

\_\_\_\_\_  
Title/Position



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W Holstein s.79  
Age of Animal: 3 Ear Tag \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Dislocated LH Stifle

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of downer / dislocated stifle

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 25 JY 2014  
(dd/mm/yyyy)

Time of stunning: 9:35 (am/pm) Time after bleeding: 9:35 (am/pm) Time carcass shipped: 9:40 (am/pm)

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

s.79

mation is accurate:

Name: s.79

(Owner Print Name)

s.79

Date: 25 JY 2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name:

Name: s.79

(Veterinarian Print Name)

Date: 25 JY 2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 25/07/14 10:00 am/pm  
s.79 s.79

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 25/07/2014 11:15 (am/pm)  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) black white Holstein

Age of Animal: 4 yrs Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: broken right front leg

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken cannon bone, right front leg

☐ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 25/07/2014  
(dd/mm/yyyy)

Time of stunning: 8:42 am/pm

Time after bleeding: 8:49 am/pm

Time carcass shipped: 8:51 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

\_\_\_\_\_ is accurate: \_\_\_\_\_  
s.79 s.79

\_\_\_\_\_ s.79  
Name Date: 25/07/2014 s.79  
(dd/mm/yyyy)

Owner Print Name

s.79

Veterinarian Signature

ic Name: \_\_\_\_\_

s.79

Name

(Veterinarian Print Name)

Date: 25/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 25/7/14  
s.79

10:00 am/pm  
(time)

Operator: \_\_\_\_\_

Print Name

s.79

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 25/07/2014

s.79

s.79

s.79

10:45 am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W, Holstein s.79

Age of Animal: 05/12/2010 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer, split

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 29/07/2014  
(dd/mm/yyyy)

Time of stunning: 9:00 am/pm

Time after bleeding: 9:10 am/pm

Time carcass shipped: 9:15 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

ci s.79

s.79

Name: \_\_\_\_\_

Date: 29/07/2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name: \_\_\_\_\_

s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 29/07/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_

s.79

s.79

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature





Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein, Black/white s.79

Age of Animal: 3y 2mo

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / siz

Describe condition identified above: Fractured RF leg

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Down, Unable to Rise, Fractured Leg

☒ verify that this animal was humanely stunned and properly bleed

Date of slaughter: 31-07-2014  
(dd/mm/yyyy)

Time of stunning: 10:00 am/pm

Time after bleeding: 10:15 am/pm

Time carcass shipped: 10:15 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the above information is accurate: \_\_\_\_\_ s.79

X s.79  
Signature of Animal Owner

Name: \_\_\_\_\_ Date: 31-07-2014 s.79  
(dd/mm/yyyy)

Name: s.79

(veterinarian Print Name) Date: 31-07-2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 31/07/2014 11:20 am/pm  
s.79

Operator: \_\_\_\_\_  
Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 31-07-2014 11:37 am/pm  
s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID#

Signature



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79

Age of Animal: 28-Aug-12 Ear Tag: \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: calving paralysis, down

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 01/08/2014  
(dd/mm/yyyy)

Time of stunning: 9:15 am/pm

Time after bleeding: 9:15 am/pm

Time carcass shipped: 9:18 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the above information is accurate: s.79

\_\_\_\_\_  
s.79

\_\_\_\_\_  
s.79

Name: \_\_\_\_\_  
Owner Print Name s.79

Date: 01/08/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

\_\_\_\_\_  
Name s.79

Veterinarian Print Name

Date: 01/08/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 01/08/2014 10:50 am/pm  
(dd/mm/yyyy) s.79

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 01/08/2014 11:13 am/pm  
(dd/mm/yyyy) s.79

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_ s.79



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) black & white s.79

Age of Animal: 24-25-26 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: spitz, inhumane to transport

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of abrasions/wounds hind end, damaged muscles

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 01/08/2014  
(dd/mm/yyyy)

Time of stunning: 9:00 am/pm Time after bleeding: 9:01 am/pm Time carcass shipped: 9:04 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the above information is accurate: s.79

Name: \_\_\_\_\_ s.79

Owner Print Name

Date: 01/08/2014  
(dd/mm/yyyy)

Name: \_\_\_\_\_ s.79

Practice/Clinic Name: \_\_\_\_\_

Date: 01/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 01/08/2014  
(dd/mm/yyyy)

10:50 am/pm  
s.79

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 01/08/2014  
(dd/mm/yyyy)

s.79

11:02 am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

**Documentation for Approved Emergency Slaughter**

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Horse ☐ Sheep ☐ Other: 817

Animal Description: (color, breed, markings) Holstein (black & white)  
Age of Animal: 1 1/2 yrs Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: subluxated hip left hind

**ANTE MORTEM INSPECTION**

- ☐ No abnormalities were observed on the ante mortem inspection, or  
☒ This animal revealed signs of subluxated hip left hind none weight bearing  
☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 01/08/2014  
(dd/mm/yyyy)

Time of stunning: 9:31 am/pm Time after bleeding: 9:32 am/pm Time carcass shipped: 9:36 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: s.79

We hereby certify that the above information is accurate: s.79

Name: s.79 Date: 01/08/2014  
(dd/mm/yyyy)

Name: s.79 Date: 01/08/2014  
(dd/mm/yyyy)

**To be filled in by the Facility Operator**

Date and time carcass arrived at abattoir: 01/08/2014 10:50 am/pm  
Operator: s.79

**To be filled in by the Meat Hygiene Inspector**

Date and time carcass was inspected: 01/08/2014 11:25 am/pm  
Inspector: s.79  
Inspector ID# s.79 Print Name s.79



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) B/W, Holstein Age of Animal: 05 April 2009 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of nerve paralysis

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 05/08/2014  
(dd/mm/yyyy)

Time of stunning: 7:33 am/pm Time after bleeding: 7:35 am/pm Time carcass shipped: 7:41 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

W, s.79

ation is accurate, s.79

Name: s.79

Date: 05/08/2014  
(dd/mm/yyyy)

s.79

Practice/Clinic Name: \_\_\_\_\_

s.79

Name: s.79  
(Veterinarian Print Name)

Date: 05/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 2014-08-05 9:45 am/pm  
(dd/mm/yyyy) (time) s.79

Operator: s.79

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 05-08-2014 9:00 am/pm  
s.79 s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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## Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blw Holstein Age of Animal: 4 y Ear Tag s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downed

### ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Severe mastitis back Quarter

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 05/08/2014  
(dd/mm/yyyy)

Time of stunning: 7:30 am/pm Time after bleeding: 7:35 am/pm Time carcass shipped: 7:40 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit / s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed slaughterhouse to be shipped to: \_\_\_\_\_  
s.79

We I \_\_\_\_\_ on is accurate: s.79

Name: \_\_\_\_\_ Date: 05/08/2014  
s.79 (dd/mm/yyyy) s.79

OWNER FULL NAME

Practice/Clinic Name:

Name: s.79

(Veterinarian Print Name)

Date: 05/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 05-08-2014  
s.79 (dd/mm/yyyy)

9:45 am/pm  
s.79 (time)

Operator: \_\_\_\_\_  
Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014-08-05  
s.79 (dd/mm/yyyy) s.79

9:00 am/pm  
s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name



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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Blk Holstein s.79  
Age of Animal: 5y Ear Tag \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Downer

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 05/08/2014  
(dd/mm/yyyy)

Time of stunning: 8:00 am/pm

Time after bleeding: 8:00 am/pm

Time carcass shipped: 8:05 am/pm  
s.79

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit / \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_  
s.79

We Is.79

\_\_\_\_\_  
Owner of Animal Signature

s.79

Name: \_\_\_\_\_  
Owner Print Name

Date: 05/08/2014  
(dd/mm/yyyy)

s.79

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Practice/Clinic Name:

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 05/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 05-08-2014  
(dd/mm/yyyy)

s.79

Operator: \_\_\_\_\_  
s.79

\_\_\_\_\_  
Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 2014-08-05  
s.79

s.79

s.79

s.79

Inspector: \_\_\_\_\_

\_\_\_\_\_  
Inspector ID#

\_\_\_\_\_  
Print Name



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# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black & white, Holstein FC s.79  
Age of Animal: 5 Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 5/08/2014  
(dd/mm/yyyy)

Time of stunning: 1010 am/pm Time after bleeding: 1013 am/pm Time carcass shipped: 1018 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

s.79 accurate:

Name: \_\_\_\_\_ s.79

Owner Print Name

Date: 5/08/2014  
(dd/mm/yyyy)

s.79

Veterinarian Signature

Practice/Clinic Name:

Name: \_\_\_\_\_ s.79

(Veterinarian Print Name)

Date: 5/08/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 05-08-2014 11:10 am/pm  
(dd/mm/yyyy)

s.79

Operator: \_\_\_\_\_

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 05-08-2014 11:20 am/pm  
s.79 s.79

Inspector: \_\_\_\_\_

Inspector ID#





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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Hol, BXL s.79

Age of Animal: 4yr Ear Tag 12

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: \_\_\_\_\_

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of LH distended

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 06 08 2014  
(dd/mm/yyyy)

Time of stunning: 755 am/pm Time after bleeding: 758 am/pm Time carcass shipped: 8 00 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

V information is accurate: \_\_\_\_\_ s.79

\_\_\_\_\_ s.79

Name: \_\_\_\_\_ (Date: 06082014) s.79  
Owner Print Name (dd/mm/yyyy)

Name: \_\_\_\_\_ Date: 06082014  
(Veterinarian Print Name) (dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 06-08-2014 8:40 am/pm  
s.79 (yyy) s.79

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 06-08-2014 8:40 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# Print Name



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein dry cow, black + white  
Age of Animal: 3 years Ear Tag # <sup>s.79</sup> \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: injury

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of hind end injury

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 6/Aug/14  
(dd/mm/yyyy)

Time of stunning: 7:02 am/pm

Time after bleeding: 7:05 am/pm

Time carcass shipped: 7:06 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # <sup>s.79</sup> \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem examination <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We <sup>s.79</sup> \_\_\_\_\_ accurate: <sup>s.79</sup> \_\_\_\_\_

<sup>s.79</sup> \_\_\_\_\_ <sup>s.79</sup> \_\_\_\_\_

Name <sup>s.79</sup> \_\_\_\_\_ Date: 06/08/14  
(dd/mm/yyyy)

Name: <sup>s.79</sup> \_\_\_\_\_ ic Name: <sup>s.79</sup> \_\_\_\_\_  
(Veterinarian Print Name) Date: 6/Aug/14  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 06-08-2014 8:40 am/pm  
<sup>s.79</sup> <sup>s.79</sup>

Operator: \_\_\_\_\_  
Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 06-08-2014 8:40 am/pm  
<sup>s.79</sup> <sup>s.79</sup>

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_



Ministry of  
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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) 3/w, Holstein s.79  
Age of Animal: 5y Ear Tag \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal.

Describe condition identified above: Downer

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of swollen Rear feet

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 6/8/2014  
(dd/mm/yyyy)

Time of stunning: 10:45 am

Time after bleeding: 10:45 am

Time carcass shipped: 10:50 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #. s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79 e above information is accurate: s.79

s.79

Name:

Owner Print Name

Date: 6/08/2014  
(dd/mm/yyyy)

Veterinarian Signature

Practice/Clinic Name:

s.79

Name: s.79  
(Veterinarian Print Name)

Date: 6/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 06-08-2014  
(dd/mm/yyyy)

s.79

11:00 am  
s.79

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 06-08-2014  
(dd/mm/yyyy)

s.79

s.79

14:00 am  
s.79

Inspector: \_\_\_\_\_

Inspector ID#

**Documentation for Approved Emergency Slaughter**

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Hol BW

Age of Animal: 5 yr Ear Tag # <sup>s.79</sup> \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: damaged esophagus + too weak to transport

**ANTE MORTEM INSPECTION**

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of dehydration

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 07/08/2014  
(dd/mm/yyyy)

Time of stunning: 7:25 am/pm

Time after bleeding: 7:28 am/pm

Time carcass shipped: 7:30 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # <sup>s.79</sup> \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

W <sup>s.79</sup> \_\_\_\_\_ at the above information is accurate: <sup>s.79</sup> \_\_\_\_\_

Name: <sup>s.79</sup> \_\_\_\_\_ Date: 07/08/2014  
<sup>s.79</sup> Owner Print Name (dd/mm/yyyy)

Name: <sup>s.79</sup> \_\_\_\_\_

\_\_\_\_\_ Clinic Name:

(Veterinarian Print Name)

Date: 07/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 07-08-2014

<sup>s.79</sup>

(yyyy)

8:40

(am/pm)

<sup>s.79</sup>

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07-08-2014

<sup>s.79</sup>

(dd/mm/yyyy)

8:40

(am/pm)

<sup>s.79</sup>

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein female black & white  
Age of Animal: 3.5 yrs. Ear Tag <sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Fractured left femur

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Fractured left femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 07/08/2014  
(dd/mm/yyyy)

Time of stunning: 10:28 am/pm

Time after bleeding: 10:34 am/pm

Time carcass shipped: 11:40 am/pm

The brain matter was submitted for B.S.B. testing: ☐ Yes ☒ No

SRM Transport Permit #: <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem inspection fin <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ <sup>s.79</sup>

We hereby certify that the above information is accurate:  
<sup>s.79</sup>

<sup>s.79</sup>

<sup>s.79</sup>

Name:

Owner Print Name

to: 07/08/2014  
(dd/mm/yyyy)

<sup>s.79</sup>

<sup>s.79</sup>

Name:

(Veterinarian Print Name)

Date: 07/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 07-08-2014

(dd/mm/yyyy)

<sup>s.79</sup>

<sup>s.79</sup>

11:00

am/pm

Operator:

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07-08-2014

<sup>s.79</sup>

<sup>s.79</sup>

11:00

am/pm

Inspector:

Inspector ID#



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79  
Age of Animal: 5 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: down, inhumane to transport

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 08/08/2014  
(dd/mm/yyyy)

Time of stunning: 7:35 am/pm

Time after bleeding: 7:35 am/pm

Time carcass shipped: 240 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_ s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the above information is accurate: s.79

Name: \_\_\_\_\_ s.79

Date: 08/08/2014  
(dd/mm/yyyy)

s.79

s.79

Name: \_\_\_\_\_

Date: 08/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 08-08-2014 9:15 am/pm  
(dd/mm/yyyy) s.79

Operator: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08-08-2014 9:15 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Print Name \_\_\_\_\_



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Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79

Age of Animal: 4 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: broken spine

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken spine

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 08/08/2014  
(dd/mm/yyyy)

Time of stunning: 7:50 am/pm

Time after bleeding: 8:01 am/pm

Time carcass shipped: 8:4 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We s.79

is accurate:

\_\_\_\_\_  
s.79

s.79

Veterinarian Signature

Name: \_\_\_\_\_

Date: 08/08/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

s.79

s.79

Name: \_\_\_\_\_

Veterinarian Print Name

Date: 08/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 08-08-2014 9:15 am/pm

(dd/mm/yyyy)

s.79

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08-08-2014 9:15 am/pm

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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**The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.**

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black + white s.79

Age of Animal: 5 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: lame, (R) hind swollen

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of non weight bearing (R) hind

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 08/08/2014  
(dd/mm/yyyy)

Time of stunning: 800 am/pm Time after bleeding: 801 am/pm Time carcass shipped: 805 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: s.79

Owner of Animal Signature

Veterinarian Signature

Name: s.79

Date: 08/08/2014  
(dd/mm/yyyy)

Name: s.79

Practice/Clinic Name: \_\_\_\_\_

Date: 08/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 08-08-2014 9:15 am/pm  
(dd/mm/yyyy) s.79

Operator: \_\_\_\_\_  
Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08-08-2014 9:15 am/pm  
(dd/mm/yyyy) s.79

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_ Print Name





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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79

Age of Animal: 40-May-12 Ear Tag #: \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: torn ligaments @ stifle

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of @ stifle injury

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 08/08/2014  
(dd/mm/yyyy)

Time of stunning: 8:20 am/pm Time after bleeding: 8:23 am/pm Time carcass shipped: 8:30 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

We hereby certify that the above information is accurate: s.79

Owner of Animal Signature \_\_\_\_\_ s.79  
Name: \_\_\_\_\_ Date: 08/08/2014 s.79  
Owner Print Name \_\_\_\_\_ (dd/mm/yyyy)

Name: \_\_\_\_\_ s.79

VETERINARIAN SIGNATURE

Practice/Clinic Name: \_\_\_\_\_

Date: 08/08/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 08-08-2014 9:15 am/pm  
s.79 yy) s.79

Operator: \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08-08-2014 9:15 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_ Print Name



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_ s.79

Animal Description: (color, breed, markings) Black/White  
Age of Animal: 2 yr Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non weight bearing left forelimb

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of forelimb injury

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 08/08/2014  
(dd/mm/yyyy)

Time of stunning: 10:41 am/pm

Time after bleeding: 10:42 am/pm

Time carcass shipped: 10:45 am/pm s.79

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: \_\_\_\_\_

☒ In my opinion this animal may be salvageable depending on post-mortem i.s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

s.79

s.79

s.79

Date: 08/08/2014  
(dd/mm/yyyy)

Langley Animal Clinic

s.79

Name

(Veterinarian Print Name)

Date: 08/08/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 08-08-2014 11:15 am/pm

s.79

(s.79)

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08-08-2014 11:15 am/pm

s.79

am/pm

Inspector: \_\_\_\_\_

Created Date: November 20, 2013

Revised Date:

Procedure Reference: MIP-3.2

Form 3.2-001



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79  
Age of Animal: 5 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: spitz, unable to stand

## ANTE MORTEM INSPECTION

☒ No abnormalities were observed on the ante mortem inspection, or

☐ This animal revealed signs of \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 11/08/2014  
(dd/mm/yyyy)

Time of stunning: 9:10 am/pm Time after bleeding: 9:11 am/pm Time carcass shipped: 9:15 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit # \_\_\_\_\_ s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

s.79

accurate:

s.79

s.79

Name: \_\_\_\_\_

s.79

11/08/2014  
(dd/mm/yyyy)

s.79  
Name: \_\_\_\_\_

Date: 11/08/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 11/08/2014 10:20 am/pm  
s.79 s.79

Operator: \_\_\_\_\_

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 11/08/2014 10:45 am/pm  
s.79 s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

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The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) holstein, black & white s.79  
Age of Animal: 4 Ear Tag # \_\_\_\_\_

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: swollen @ left leg

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of lameness

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 11/08/2014  
(dd/mm/yyyy)

Time of stunning: 9:40 am/pm Time after bleeding: 9:40 am/pm Time carcass shipped: 9:45 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We, s.79, above information is accurate: s.79

s.79

Name: \_\_\_\_\_

Owner Print Name: \_\_\_\_\_

Date: 11/08/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

Name: s.79

Veterinarian Print Name: \_\_\_\_\_

Date: 11/08/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 11/08/2014 10:20 am/pm  
(dd/mm/yyyy) (time) s.79

Operator: \_\_\_\_\_

Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 11/08/2014 10:30 am/pm  
(dd/mm/yyyy) s.79

Inspector: \_\_\_\_\_

Inspector ID#

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)  
s.79

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: bovine

Age of Animal: 2.5 yrs

Approved Ear Tag #: \_\_\_\_\_ s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: Found down / sp lay legged

## ANTE MORTEM INSPECTION

Results of Examination: Fractured femur

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:45 am/pm

Time of bleeding: 7:45 am/pm

Time carcass shipped: 7:50 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.  
s.79

Veterinarian Signature: \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_ s.79

Date: 12 AUG 2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.  
s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time \_\_\_\_\_ s.79

17/08/2014  
(mm/yyyy)

9:10 am/pm  
(time)  
s.79

Operator: \_\_\_\_\_

Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_ s.79

12/08/2014

09:30 am/pm  
(time)  
s.79

Inspector: \_\_\_\_\_ s.79

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass: \_\_\_\_\_

Passed ☒

Condemned \_\_\_\_\_



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: <sup>s.79</sup>

Species Slaughtered: Bovine

Age of Animal: 5

Approved Ear Tag #: <sup>s.79</sup>

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: splitz, unable to weight bear hind limbs

## ANTE MORTEM INSPECTION

Results of Examination: Salvageable for slaughter depending on PM.

Name of provincially licensed establishment carcass is to be shipped to: <sup>s.79</sup>



I verify that this animal was humanely stunned and properly bled.

Time of stunning: 10:10 <sup>(am/pm)</sup>

Time of bleeding: 10:10 <sup>(am/pm)</sup>

Time carcass shipped: 10:15 <sup>(am/pm)</sup>

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal times for any drugs or treatments that it has received.

<sup>s.79</sup> Clinic/Practice Name

Veterinarian Signature

Print Name: <sup>s.79</sup>

Date: 12/08/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

Kambre Farms.

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature

Print Name: <sup>s.79</sup>

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: <sup>s.79</sup>

12/05/2014  
(dd/mm/yyyy)

11:50

(time)

am/pm

Operator:

Signature

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: <sup>s.79</sup>

12/08/2014

12:00

12:15 PM

am/pm

Inspector:

Inspector ID#

Signature

Print Name

Disposition of Carcass: Passed

Condemned

## Documentation for Approved Emergency Slaughter

**The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.**

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #:

Species Slaughtered: BONWE

Age of Animal: 02 - May - 10

Approved Ear Tag #: s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: unable to weight bear hind limbs, down

## ANTE MORTEM INSPECTION

Results of Examination: salvageable based on PM findings

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 10145(am/pm)

Time of bleeding: 1046 ampm

Time carcass shipped: 11:50 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper  
§ 79 with/without time for transportation and/or treatments.

**Veterinarian Signature**

Clinic/Practice Name s.79

Print Name: s.79

Date: 12/08/2014

(dd/mm/yyyy)

### OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature

Print Name: \_\_\_\_\_

**To be filled in by the Establishment Operator**

Date and time received: 12/08/2014  
(dd/mm/yyyy)

11:50 \_\_\_\_\_ am/pm  
(time)

Operator:

Print Name \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 12/08/2014

052:00 12:15 am/pm

Inspector:

Inspector ID#

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass: Passed

## Condemned

## Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #:

Species Slaughtered: Bovine

Age of Animal: 2yr

Approved Ear Tag #: s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: BW Holstein X, Injury

## ANTE MORTEM INSPECTION

Results of Examination: RUMORED STIFLE LIGAMENTS

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:35 am/pm

Time of bleeding: 8:35 am/pm

Time carcass shipped: 9:40 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary treatments.

Veterinarian Signature: s.79

Print Name:

Clinic/Practice Name

Date: 12 AUG 2014

(dd/mm/yyyy)

OWNER/AGENT'S DECLARATION s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature:

Print Name s.79

To be filled in by the Establishment Operator

Date and time s.79

12/08/2014  
(dd/mm/yyyy)

9:10 am/pm  
(time)

Operator:

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

12/08/2014  
s.79

09:45 am/pm  
(time)

Inspector:

Inspector ID#

Signature

Print Name

Disposition of Carcass: Passed

Condemned





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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFLA - SRM Transport Permit #:

Species Slaughtered: Bovine s.79

Age of Animal: 4 yrs. Approved Ear Tag #: 1

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: did the splits with hind limbs

## ANTE MORTEM INSPECTION

Results of Examination: Fractured right femur s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 10:37 am/pm Time of bleeding: 10:42 am/pm Time carcass shipped: 11:45 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper  
s.79 its.

s.79

Clinic/Practice Name \_\_\_\_\_

Veterinarian Signature  
s.79

Print Name: \_\_\_\_\_

Date: 14/08/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has  
received. s.79 s.79

Owner/Agent Signat s.79 Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 14/08/14 11:00 am/pm  
(dd/mm/yyyy) s.79 s.79

Operator: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 14/08/2014 11:30 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_ Inspector ID# \_\_\_\_\_

Disposition of Carcass: Passed Condemned

## Documentation for Approved Emergency Slaughter

**The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.**

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFLA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

Age of Animal: 5 Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: unable to weight bear F (R)

## ANTE MORTEM INSPECTION

Results of Examination: salvageable depending on PM findings

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_ s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 940 am/pm      Time of bleeding: 940 am/pm      Time carcass shipped: 945 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

Veterinarian Signature \_\_\_\_\_ Clinic/Practice Name s.79

Print Name: s.79 \_\_\_\_\_ Date: 14/08/2014  
(dd/mm/yyyy)

**OWNER/AGENT'S DECLARATION** s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79 s.79

Owner/Agent Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

**To be filled in by the Establishment Operator**

Date and time carcass arrived at establishment: 14/08/14 11:20 am/pm  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**To be filled in by the Meat Hygiene Inspector**

Date and time carcass was inspected: 14/08/2014 11:15 am  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_Disposition of Carcass:      Passed             Condemned



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# Documentation for Approved Emergency Slaughter

**The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.**

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: bovine

s.79

Age of Animal: 6 yrs

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: injured in pen

## ANTE MORTEM INSPECTION

Results of Examination: injured right hind leg at fetlock, broken or dislocated

s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_



I verify that this animal was humanely stunned and properly bled.

Time of stunning: 700 am/pm

Time of bleeding: 701 am/pm

Time carcass shipped: 711 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Signature: \_\_\_\_\_

s.79

Clinic/Practice Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 14/08/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 14/08/14

s.79

(dd/mm/yyyy)

850

am/pm

s.79

Operator: \_\_\_\_\_

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 14/08/2014

s.79

s.79

s.79

0900

am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Disposition of Carcass:

Passed /

Condemned



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: <sup>s.79</sup> \_\_\_\_\_

Species Slaughtered: BELTWE

Age of Animal: 5 Approved Ear Tag #: <sup>s.79</sup> \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: injured in stall/alley

## ANTE MORTEM INSPECTION

Results of Examination: disarticulated spinal column

Name of provincially licensed establishment carcass is to be shipped to: <sup>s.79</sup> \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:35 <sup>am/pm</sup> Time of bleeding: 7:37 <sup>am/pm</sup> Time carcass shipped: 740 <sup>am/pm</sup>

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal times for <sup>s.79</sup> \_\_\_\_\_ ants.

Veterinarian Signature <sup>s.79</sup> \_\_\_\_\_ Clinic/Practice Name <sup>s.79</sup> \_\_\_\_\_

Print Name: <sup>s.79</sup> \_\_\_\_\_ Date: 19 AUGUST 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. <sup>s.79</sup> \_\_\_\_\_

Owner/Agent Signat <sup>s.79</sup> \_\_\_\_\_ Print N <sup>s.79</sup> \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 19/08/14 830 <sup>am/pm</sup>  
(dd/mm/yyyy) (time)

Operator: <sup>s.79</sup> \_\_\_\_\_ <sup>s.79</sup> \_\_\_\_\_  
Signature Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 19/08/2014 8:55 <sup>am/pm</sup>  
<sup>s.79</sup> <sup>s.79</sup> (time)

Inspector: <sup>s.79</sup> \_\_\_\_\_ <sup>s.79</sup> \_\_\_\_\_  
Inspector ID# Print Name

Disposition of Carcass: Passed ☒ Condemned ☐



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit # <sup>s.79</sup>

Species Slaughtered: Bovine

Age of Animal: 5 Approved Ear Tag #: <sup>s.79</sup>

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: injured on stall/alley

## ANTE MORTEM INSPECTION

Results of Examination: disarticulated spinal column

Name of provincially licensed establishment carcass is to be shipped to: <sup>s.79</sup>

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:35 am/pm Time of bleeding: 7:37 am/pm Time carcass shipped: 740 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper <sup>s.79</sup>ments.

Veterinarian Signature <sup>s.79</sup>

Print Name:

Clinic/Practice Name <sup>s.79</sup>

Date: 19 AUGUST 2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. <sup>s.79</sup>

Owner/Agent Signa

Prin <sup>s.79</sup>

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 19/08/14 <sup>s.79</sup>

830 am/pm <sup>s.79</sup>  
(time)

Operator:

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 19/08/2014 <sup>s.79</sup>

8:55 am/pm <sup>s.79</sup>

Inspector:

Inspector ID#

Print Name

Disposition of Carcass:

Passed ☒

Condemned



Ministry of  
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## Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine - BW

Age of Animal: 26 Oct 2011

Approved Ear Tag #: s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: BROKEN Left hind Leg.

### ANTE MORTEM INSPECTION

Results of Examination: BROKEN Leg - Left Hind.

s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:55 am/pm

Time of bleeding: 8:03 am/pm

Time carcass shipped: 8:10 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

s.79

Date: 20/08/2014

(dd/mm/yyyy)

### OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

s.79

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: \_\_\_\_\_

s.79

20/08/2014  
(dd/mm/yyyy)

8:50

am/pm

Operator: \_\_\_\_\_

Signature

Print Name

s.79

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

s.79

s.79

20/08/2014  
(dd/mm/yyyy)

09:35

(time)

am/pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

s.79

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. CFIA emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bov

Age of Animal: 4yr

Approved Ear Tag #: \_\_\_\_\_ s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: was unable to rise for 4 days

## ANTE MORTEM INSPECTION

Results of Examination: injury to FR fetlock, unable to stand

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_ s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:07 am/pm

Time of bleeding: 7:13 am/pm

Time carcass shipped: 7:21 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature \_\_\_\_\_ s.79

Clinic/Practice Name \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Date: 20 08 14  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name \_\_\_\_\_ s.79

## To be filled in by the Establishment Operator

Date and time carcass: \_\_\_\_\_ s.79

20/08/2014  
(dd/mm/yyyy)

8:50 am/pm  
(time)

Operator: \_\_\_\_\_

s.79

Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_ s.79

20/08/2014

09:05 am/pm  
(time)

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

s.79

Disposition of Carcass:

Passed ☒

Condemned

## Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_ s.79

Species Slaughtered: CATTLE

Age of Animal: 8yr s.79

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: recently severely lame

## ANTE MORTEM INSPECTION

Results of Examination: swollen carpus LF

s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 744 am/pm Time of bleeding: 748 am/pm Time carcass shipped: 757 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature: \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_ s.79

Date: 21/08/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 21/08/14 9:00 am/pm

s.79

(dd/mm/yyyy)

s.79

(time)

Operator: \_\_\_\_\_

Signature

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/08/2014 09:30 am/pm

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Disposition of Carcass: Passed Condemned





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## Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: bovine

Age of Animal: 5 yr

Approved Ear Tag #: s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: found down + splay legged

### ANTE MORTEM INSPECTION

Results of Examination: partially dislocated hip

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 1037 am/pm

Time of bleeding: 1047 am/pm

Time carcass shipped: 1045 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature  
s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name s.79

Date: 21 Aug 2014

(dd/mm/yyyy)

### OWNER/AGENT'S DECLARATION

s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Sign \_\_\_\_\_

Print Name \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 21/08/14

s.79

(mm/yyyy)

1130

(time)

am/pm

Operator: \_\_\_\_\_

s.79

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/08/2014

s.79

s.79

1200

s.79

am/pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_

## Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: <sup>s.79</sup> \_\_\_\_\_

Species Slaughtered: CATTLE

Age of Animal: 4yr

Approved Ear Tag #: \_\_\_\_\_

s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: severely lame on both back legs, fresh 1 month

## ANTE MORTEM INSPECTION

Results of Examination: old back lesions

s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:45 am/pm

Time of bleeding: 7:48 am/pm

Time carcass shipped: 7:57 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_

s.79

Date: 21/08/14

(dd/mm/yyyy)

OWNER/AGENT'S DECLARATION <sup>s.79</sup>

I certify that the animal has received \_\_\_\_\_

withdrawal times for any drugs or treatments that it has

s.79

Owner/Agent Signat \_\_\_\_\_

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 21/08/14

s.79

(dd/mm/yyyy)

9:00

am/pm

(time)

s.79

Operator: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 21/08/2014

s.79

(dd/mm/yyyy)

09:15

am/pm

s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein Black and White

Age of Animal: 4 years Far Tag s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Broken left rear leg

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken leg

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 22/08/2014  
(dd/mm/yyyy)

Time of stunning: 12:00 am/pm

Time after bleeding: 1:02 am/pm

Time carcass shipped: 10:25 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

u

ation is accurate: s.79

s.79

Name:

Owner Print Name

Date: 22/08/14

(dd/mm/yyyy)

s.79

an Signature

Printed Name

Name: s.79

(Veterinarian Print Name)

Date: 22/08/14  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 22/08/2014 10:45 am/pm

s.79

(yy)

(Time)

Operator: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 22/08/2014 11:55 am/pm

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID#



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: bovine

Age of Animal: 5y Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: down in alley splay legged.

## ANTE MORTEM INSPECTION

Results of Examination: partially dislocated hip & torn tendons.

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:15 am Time of bleeding: 7:16 am Time carcass shipped: 7:21 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name s.79

Date: 22 AUG 2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal describes s.79 or withdrawal times for any drugs or treatments that it has received.

s.79

Owner/Agent Signature: s.79

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time s.79

at: 22/08/2014

(dd/mm/yyyy)

8:15

s.79

(time)

am

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 22/08/2014

s.79

s.79

(dd/mm/yyyy)

9:00

s.79

am

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

Disposition of Carcass: \_\_\_\_\_

Passed ✓

Condemned \_\_\_\_\_



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: CATTLE BOVINE

Age of Animal: 5 yr Q/Am s.79

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: Nerve damage to left hind leg

## ANTE MORTEM INSPECTION

Results of Examination: Fit for consumption; Bright, alert.

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_ s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:25 am/pm

Time of bleeding: 9:28 am/pm

Time carcass shipped: 9:35 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper

s.79

Veterinarian Signature \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_ s.79

Date: 22/08/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: \_\_\_\_\_ s.79

22/08/2014  
(dd/mm/yyyy)

10:45

(time)

am/pm

Operator: \_\_\_\_\_

Print Name \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_ s.79

22/08/2014  
(dd/mm/yyyy)

11:20

(time)

am/pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: <sup>s.79</sup>

Species Slaughtered: BOVINE

Age of Animal: 5

Approved Ear Tag #: <sup>s.79</sup>

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: down, nerve injury hind limbs

## ANTE MORTEM INSPECTION

Results of Examination: Salvageable based on PM findings

Name of provincially licensed establishment carcass is to be shipped to: <sup>s.79</sup>

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:40 am/pm Time of bleeding: 9:41 am/pm Time carcass shipped: 9:45 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

<sup>s.79</sup> Clinic/Practice Name <sup>s.79</sup>

Veterinarian Signature

Print Name: <sup>s.79</sup>

Date: 22/08/2014

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signat:

Print Name

To be filled in by the Establishment Operator

Date and time carcass ar <sup>s.79</sup> 22/08/2014 10:45 am/pm

Operator: <sup>s.79</sup> [Signature] Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 22/08/2014 11:35 am/pm

Inspector: <sup>s.79</sup> [Signature] <sup>s.79</sup> Inspector ID# [Signature]

Disposition of Carcass: Passed ☒ Condemned



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: bovine

Age of Animal: 5 s.79

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: down

## ANTE MORTEM INSPECTION

Results of Examination: injured spinal column

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:35 am/pm Time of bleeding: 9:36 am/pm Time carcass shipped: 9:40 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal: s.79 ents.

s.79

Veterinarian Sign: s.79

Clinic/Practice Name \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 25 AUG 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79 s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time s.79

25/08/2014  
(dd/mm/yyyy)

10:50 am/pm  
(time)

Operator: \_\_\_\_\_

s.79

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 25/08/2014

s.79

s.79

11:20 am/pm  
(time)

s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Disposition of Carcass: \_\_\_\_\_

Passed ☒

Condemned \_\_\_\_\_

# Documentation for Approved Emergency Slaughter

**The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.**

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: ~~CATTLE~~ Bovine s.79

Age of Animal: 5 1/2 year SK Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: caught in stall, treated for foot rot in past

## ANTE MORTEM INSPECTION

Results of Examination: no fever, swollen feet

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:08 am Time of bleeding: 8:09 am Time carcass shipped: 8:17 am SK

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Sig: s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

Date: 26/08/14  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal s.79 per withdrawal time for any drugs or treatments that it has received. s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass s.79 26/08/2014 9:30 (am/pm)  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_ s.79 \_\_\_\_\_  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 26/08/2014 09:50 (am/pm)  
s.79 s.79 s.79

Inspector: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_ Signature \_\_\_\_\_

Disposition of Carcass: Passed ☒ Condemned ☐





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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit # s.79

Species Slaughtered: Bovine

Age of Animal: April 27, 2005

s.79

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: Broken Left Hind Leg.

## ANTE MORTEM INSPECTION

Results of Examination: Broken Left Hind Leg.

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:05 am

Time of bleeding: 9:10 am

Time carcass shipped: 9:15 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal times from \_\_\_\_\_ / drugs or treatments.

s.79

Veterinarian Signature: \_\_\_\_\_

s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

s.79

Date: 27/08/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

s.79

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 27/08/14

(dd/mm/yyyy)

9:10 am

s.79

s.79

Operator: \_\_\_\_\_

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 27/08/2014

s.79

s.79

10:20 am

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Signature

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit fr<sup>s.79</sup>

emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #:

Species Slaughtered: Bovine

s.79

Age of Animal: 6 years

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition:

recently fresh, nerve damage on rear leg

## ANTE MORTEM INSPECTION

Results of Examination:

Weak on hind legs

s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_



I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:50 am/pm

Time of bleeding: 7:51 am/pm

Time carcass shipped: 8:00 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Signature

Print Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

Date: 27 / August / 2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment:

27/08/14

(dd/mm/yyyy)

9:35

am/pm

s.79

s.79

Operator: \_\_\_\_\_

Signature

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

27/08/2014

s.79

s.79

09:50

am/pm

(time)

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Signature

Disposition of Carcass:

Passed ☒

Condemned



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency, SRM emergency permit number: 1-866-788-8155)

CFLA - SRM Transport Permit: \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 5.7 years Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Injury Post Calving, Unable to Stand.

## ANTE MORTEM INSPECTION

Results of Examination: Downer, Unable to Rise, Normal Otherwise

Name of provincially licensed establishment carcass is to be shipped to: X

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:28 am/pm Time of bleeding: 8:30 am/pm Time carcass shipped: 8:45 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79 s.79

Veterinarian Signature: \_\_\_\_\_ Clinic/Practice Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: 2014-10-28

s.79

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

☒ Owner/Agent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time of \_\_\_\_\_ 28/10/2014 9:30 am/pm

(yy)

s.79

☒ Operator: \_\_\_\_\_ Print Name: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 28/10/2014 10:00 am/pm

s.79

s.79

s.79

Inspector: \_\_\_\_\_ Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_

Disposition of Carcass: Passed Condemned



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

s.79

Age of Animal: 2-5y

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: chronic lesion hock

## ANTE MORTEM INSPECTION

Results of Examination: Lesion Left Right hock

Name of provincially licensed establishment carcass is to be shipped to: s.79



I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:50 am/pm

Time of bleeding: 7:55 am/pm

Time carcass shipped: 8:00 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Clinic/Practice Name \_\_\_\_\_

Print Name: s.79

Date: 28/08/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time c: s.79

t:

(dd/mm/yyyy)

(time)

9:30 am/pm

Operator: \_\_\_\_\_

s.79

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 28/08/2014

s.79

s.79

09:40

am/pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency SRM emergency permit number: 1-866-788-8155)  
s.79

CFIA - SRM Transport Permit # \_\_\_\_\_

Species Slaughtered: Bovine

s.79

Age of Animal: 6 years

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: did not respond to milk fever treatment

## ANTE MORTEM INSPECTION

Results of Examination: hind end weakness

s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:00 am/pm

Time of bleeding: 7:04 am/pm

Time carcass shipped: 7:16 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Signature: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 29/08/2014

(dd/mm/yyyy)

s.79

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 29/08/2014

s.79

(mm/yyyy)

8:18

(time)

am/pm

Operator: \_\_\_\_\_

s.79

Print Name: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 29/08/2014

s.79

s.79

8:55

s.79

am/pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass: \_\_\_\_\_

Passed ☒

Condemned \_\_\_\_\_



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit # s.79

Species Slaughtered: Bovine

Age of Animal: 5y

Approved Ear Tag s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: Downer, split

## ANTE MORTEM INSPECTION

Results of Examination: Downer

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:45 am/pm

Time of bleeding: 8:50 am/pm

Time carcass shipped: 8:55 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper or treatments.

Veterinarian Signature s.79

Clinic/Practice Name s.79

Print Name: s.79

Date: 02/09/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature: s.79

Print Name: s.79

To be filled in by the Establishment Operator

Date and time carcass a s.79

02/09/14  
(dd/mm/yyyy)

s.79

9:50 am/pm

Operator: s.79

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: s.79

s.79

02/09/14

s.79

9:50 am/pm  
(time)

Inspector: s.79

Inspector ID#

Print Name

Disposition of Carcass:

Passed ☒

Condemned



Ministry of  
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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency CFI emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit # \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 7 years Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: down

## ANTE MORTEM INSPECTION

Results of Examination: Weak hind end

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:15 am/pm Time of bleeding: 8:18 am/pm Time carcass shipped: 8:24 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

Veterinarian Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_

Date: 02 / September / 2014

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived \_\_\_\_\_

(dd/mm/yyyy)

(time)

Operator: \_\_\_\_\_

Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02-09-14

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Disposition of Carcass: Passed

Condemned \_\_\_\_\_



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit:

Species Slaughtered: Bovine - Holstein

Age of Animal: 5 yrs

Approved Ear Tag #: s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: chronic lameness RH leg

## ANTE MORTEM INSPECTION

Results of Examination: T 101.5F seroma left hindleg, RH leg clicks, dislocated hip.

s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 11:07 am

Time of bleeding: 11:04 am

Time carcass shipped: 11:10 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Sig: \_\_\_\_\_

Clinic/Practice Name

Print Name: \_\_\_\_\_

Date: 02/09/14

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature

Print Name: \_\_\_\_\_

To be filled in by the \_\_\_\_\_

erator

Date and time carcass:

ment:

(dd/mm/yyyy)

12:00

(time)

am/pm

Operator: \_\_\_\_\_

Signature

s.79

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Disposition of Carcass:

Passed ☒

Condemned ☐





Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 5 years Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: down

## ANTE MORTEM INSPECTION

Results of Examination: weak on hind end

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 1:54 am/pm Time of bleeding: 7:55 am/pm Time carcass shipped: 8:02 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

\_\_\_\_\_  
Veterinarian Signature s.79 Clinic/Practice Name

Print Name: \_\_\_\_\_ Date: 2/September/2014

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature \_\_\_\_\_ Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 02/09/14 9:50 am/pm  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_ Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02/09/14 9:50 am/pm  
s.79 (time)

Inspector: \_\_\_\_\_ Print Name \_\_\_\_\_  
Inspector ID# \_\_\_\_\_

Disposition of Carcass: Passed

Condemned 244PH05ABCOMA



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit: <sup>s.79</sup>

Species Slaughtered: Bovine

Age of Animal: 5 years <sup>s.79</sup> Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Milking cow - stifle injury

## ANTE MORTEM INSPECTION

Results of Examination: BeA standing LC <sup>s.79</sup>

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9<sup>15</sup> am Time of bleeding: 9<sup>15</sup> am Time carcass shipped: 9<sup>22</sup> am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary <sup>s.79</sup> treatments.

<sup>s.79</sup>

Veterinarian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ <sup>s.79</sup>

Clinic/Practice Name: \_\_\_\_\_

Date: 03/09/2014

<sup>s.79</sup>

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. BOVISTE <sup>s.79</sup>

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ <sup>s.79</sup>

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 03/09/2014 10:05 am <sup>s.79</sup> (time)

Operator: \_\_\_\_\_ <sup>s.79</sup> Print Name: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 03/09/2014 10:15 am <sup>s.79</sup> (time)

Inspector: \_\_\_\_\_ <sup>s.79</sup> Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Disposition of Carcass: Passed P <sup>s.79</sup> Condemned \_\_\_\_\_

## Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 4 yr

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition:

fell Sept 1, saw foot L H

## ANTE MORTEM INSPECTION

Results of Examination:

fracture of RH leg

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 859 am/pm

Time of bleeding: 902 am/pm

Time carcass shipped: 905 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

Veterinarian Signature s.79 \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 03/09/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass s.79 \_\_\_\_\_

03/09/2014  
(dd/mm/yyyy)

10:05  
(time)

am pm

Operator: \_\_\_\_\_

Nathan DORRHO  
Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

03/09/2014  
(dd/mm/yyyy)

10:15

am pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass:

Passed P

Condemned \_\_\_\_\_

## Documentation for Approved Emergency Slaughter

**The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.**

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: 1s.79

Species Slaughtered: ~~CATTLE~~

Age of Animal: 6 years *Edm* *BOVINE* Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Left hind leg injury

## ANTE MORTEM INSPECTION

Results of Examination: Left stifle, injury & swelling

Name of provincially licensed establishment carcass is to be shipped to:

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:21 (am/pm)      Time of bleeding: 8:21 (am/pm)      Time carcass shipped: 8:25 (am/pm)

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

**Veterinarian Signature**

Print Name: s.79

Clinic/Practice Name <sup>s.79</sup>

Date: 03/09/2014

### OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature

Print Name: \_\_\_\_\_

**To be filled in by the Establishment Operator**

Date and time carcass : s.79

03/09/2014  
(dd/mm/yyyy)

10:05 (time) 0 am pm

Operator:

## SIGNATURE

CLUB INQUIRY

**To be filled in by the Meat Hygiene Inspector**

Date and time carcass was inspected:

03/09/2014  
(dd/mm/yyyy)

10:15 (time) am/pm

Inspector:

Inspector ID#

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass:

Passed

## Condemned

## Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: CATTLE BOVINE

Age of Animal: 7 year castr Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Left hind leg injury

## ANTE MORTEM INSPECTION

Results of Examination: Left hind stifle injury & swelling s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:30 am/pm Time of bleeding: 8:21 am/pm Time carcass shipped: 8:25 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper s.79 drugs or treatments.

Veterinarian Sig s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name s.79

Date: 03/09/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass s.79

ent: 3/09/2014

(dd/mm/yyyy)

10:05

(time)

am/pm

Operator: \_\_\_\_\_

s.79

Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: s.79

03/09/2014

(dd/mm/yyyy)

10:15

(time)

am/pm

Inspector: \_\_\_\_\_

s.79

s.79

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass: \_\_\_\_\_

Passed P

Condemned \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #:

Species Slaughtered: Bovine

Age of Animal: 4 yrs

Approved Ear Tag #: s.79

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: went down 3 days ago, cannot get up

## ANTE MORTEM INSPECTION

Results of Examination: too weak to get up

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:25 am/pm

Time of bleeding: 8:31 am/pm

Time carcass shipped: 8:33 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature

Print Name: s.79

Clinic/Practice Name s.79

Date: 08/09/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature:

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass s.79

at:

08/09/2014  
(dd/mm/yyyy)

10:00  
(time)

am/pm

Operator: \_\_\_\_\_

s.79

Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08/09/2014

s.79

10:15  
(time)

am/pm

Inspector: \_\_\_\_\_

s.79

s.79

Inspector ID# \_\_\_\_\_

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black + white, HOLSTEIN s.79  
Age of Animal: 2.5 y.o. Ear Tag: ET s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: non-ambulatory

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of Dislocated femur

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 8/09/2014  
(dd/mm/yyyy)

Time of stunning: 9:20 am/pm Time after bleeding: 9:03 am/pm Time carcass shipped: 9:00 am/pm

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No SRM Transport Permit

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_ s.79

W s.79

mation is accurate: \_\_\_\_\_ s.79

s.79

Name

OWNER PRINT NAME

Date: 8/09/2014  
(dd/mm/yyyy)

s.79

s.79

Name:

(Veterinarian Print Name)

Date:

(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 08/09/2014 10:00 am/pm  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_ s.79

FACILITY SIGNATURE

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08/09/2014 11:00 am/pm  
(dd/mm/yyyy) (time)

Inspector: \_\_\_\_\_

INSPECTOR SIGNATURE

FACILITY SIGNATURE

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Mature Black and White Holstein cow (16)

Age of Animal: 4 years Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: injured left rear leg (hock)

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of leg injury

☒ I verify that this animal was humanely stunned and properly bled

Date of slaughter: 08/08/2014  
(dd/mm/yyyy)

Time of stunning: 10:40 am

Time after bleeding: 10:43 am

Time carcass shipped: 10:48 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit # s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We s.79

mation is accurate: s.79

Name: s.79

Owner or Animal Signature

Date: \_\_\_\_\_

Owner Print Name

(dd/mm/yyyy)

s.79

Name s.79

Practice/Clinic Name: \_\_\_\_\_

(Veterinarian Print Name)

Date: 08/09/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_

s.79

08/09/2014  
(dd/mm/yyyy)

11:50 am/pm  
(time)

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

s.79

s.79

08/09/2014  
(dd/mm/yyyy)

11:45 am/pm  
(time)

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature





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# Documentation for Approved Emergency Slaughter

**The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.**

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_ s.79

Species Slaughtered: Bovine s.79

Age of Animal: 4 yrs Approved Ear Tag #: key

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Back Paresis due to injury

## ANTE MORTEM INSPECTION

Results of Examination: B & A temp N s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:11 am/pm Time of bleeding: 8:11 am/pm Time carcass shipped: 8:15 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Signature: \_\_\_\_\_ s.79

Clinic/Practice Name: \_\_\_\_\_

Print Name: Wilson, Megan s.79

Date: 09/09/2014

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived: 09/09/2014 9:40 am/pm s.79 (dd/mm/yyyy) (time)

Operator: [Signature] Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ s.79

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 09/09/2014 09:50 am/pm s.79 s.79

Inspector: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ s.79

Disposition of Carcass: Passed ☒ Condemned ☐



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency, SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: <sup>s.79</sup>

Species Slaughtered: BOVINE

Age of Animal: 1.5 y.o.

Approved Ear Tag #: <sup>s.79</sup>

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Found Down in alley yesterday P.M.

## ANTE MORTEM INSPECTION

Results of Examination: Dislocated Femur.

Name of provincially licensed establishment carcass is to be shipped to: <sup>s.79</sup>

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 847 am/pm Time of bleeding: 849 am/pm Time carcass shipped: 852 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.  
<sup>s.79</sup>

<sup>s.79</sup> Clinic/Practice Name

Veterinarian Signature  
<sup>s.79</sup>

Print Name:  Date: 9/09/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION <sup>s.79</sup>

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.  
<sup>s.79</sup>

Owner/Agent Signature:  Print Name: <sup>s.79</sup>

## To be filled in by the Establishment Operator

Date and time <sup>s.79</sup> at: 09/09/2014 9:40 am/pm  
(dd/mm/yyyy) (time)  
<sup>s.79</sup>

Operator:  Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 09/09/2014 10:00 am/pm  
<sup>s.79</sup> (time)  
<sup>s.79</sup>

Inspector:  Inspector ID#  Signature  Print Name

Disposition of Carcass: Passed Condemned



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: bovine

Age of Animal: 5

Approved Ear Tag #: s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: dislocated hip

## ANTE MORTEM INSPECTION

Results of Examination: Dislocated hip

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:31 am pm

Time of bleeding: 8:32 am pm

Time carcass shipped: 8:35 am pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper  
ws.79 its.

Veterinarian Signature  
s.79

Clinic/Practice Name s.79

Print Name: s.79

Date: 09 SEPT 2014

## OWNER/AGENT'S DECLARATION

I certify that the animal s.79  
received.

proper withdrawal times for any drugs or treatments that it has  
s.79

Owner/Agent Signature: s.79

Print Name s.79

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 29/09/2014 9:40 am pm  
s.79 (dd/mm/yyyy) (time)

Operator: s.79

Print Name s.79

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 09/09/2014 10:10 am pm  
s.79 s.79 (dd/mm/yyyy) (time)

Inspector: 21

Inspector ID#

Signature s.79

Print Name s.79

Disposition of Carcass: Passed

Condemned



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit <sup>s.79</sup> \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 31 month 09 Approved Ear Tag # <sup>s.79</sup> \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: weakness Hind Legs

## ANTE MORTEM INSPECTION

Results of Examination: weakness Hind Legs

Name of provincially licensed establishment carcass is to be shipped to: <sup>s.79</sup> \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:05 am Time of bleeding: 9:10 am Time carcass shipped: 9:15 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

<sup>s.79</sup>

<sup>s.79</sup>

Veterinarian Signature

<sup>s.79</sup>

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_

Date: Sept 10, 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has received proper withdrawal times for any drugs or treatments that it has received. <sup>s.79</sup>

Owner/Agent Signature \_\_\_\_\_

Print Name \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time ca <sup>s.79</sup> \_\_\_\_\_

sent: 10/09/2014  
(dd/mm/yyyy)

9:50 am  
(time) <sup>s.79</sup>

Operator: \_\_\_\_\_

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 10/09/2014  
<sup>s.79</sup>

<sup>s.79</sup>

11:00 am  
(time) <sup>s.79</sup>

Inspector: \_\_\_\_\_

Inspector ID#

Signature

Print Name

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_



# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine s.79

Age of Animal: 4y Approved Ear Tag #: -

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: down due to hind limb injury

## ANTE MORTEM INSPECTION

Results of Examination: down cow - hind limb injury s.79

Name of provincially licensed establishment carcass is to be shipped to: -

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 10:43 am/pm Time of bleeding: 10:45 am/pm Time carcass shipped: 10:48 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments. s.79

Veterinarian Signature: [Signature] s.79

Print Name: -

Clinic/Practice Name: -

Date: 10/09/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal s.79 received.

It has undergone proper withdrawal times for any drugs or treatments that it has s.79

Owner/Agent Signature: -

Print Name: -

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 10/09/14 11:10 pm s.79  
(dd/mm/yyyy) (time)

Operator: -

Signature

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 10/09/2014 11:50 am/pm s.79  
(time)

Inspector: -

Inspector ID#

Signature

Print Name

Disposition of Carcass:

Passed ☒

Condemned ☐



Ministry of  
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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency: SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #:

Species Slaughtered: Bovine

Age of Animal: 4 years Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Knocked down by another cow

## ANTE MORTEM INSPECTION

Results of Examination: injury to right hind leg s.79

Name of provincially licensed establishment carcass is to be shipped to:

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:01 ampm Time of bleeding: 8:02 ampm Time carcass shipped: 8:07 ampm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

Veterinarian Signature: s.79 Clinic/Practice Name: s.79

Print Name: s.79 Date: 10/September/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature: s.79 Print Name: s.79

## To be filled in by the Establishment Operator

Date and time nt: 10/09/2014 9:50 am/pm  
(dd/mm/yyyy) s.79

Operator: s.79 Print Name: s.79

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 10/09/2014 10:00 am/pm  
s.79 s.79 (time) s.79

Inspector: s.79 Inspector ID#: s.79 Signature: s.79 Print Name: s.79

Disposition of Carcass: Passed ☒ Condemned ☐



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit # \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 30 Apr/2012 Approved Ear Tag # \_\_\_\_\_<sup>s.79</sup>

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Splitz

## ANTE MORTEM INSPECTION

Results of Examination: Weakness Hind Legs

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_<sup>s.79</sup>

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:50 am/pm Time of bleeding: 8:55 am/pm Time carcass shipped: 9:00 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Sign: \_\_\_\_\_<sup>s.79</sup>

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_<sup>s.79</sup>

Date: Sep 10<sup>th</sup>, 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass received at establishment: \_\_\_\_\_<sup>s.79</sup>

10/09/2014  
(dd/mm/yyyy)

9:50 am/pm  
(time)

Operator: \_\_\_\_\_

s.79

Print Name \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

s.79

s.79

10/09/2014  
(dd/mm/yyyy)

10:15 am/pm  
(time)

s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass: \_\_\_\_\_

Passed ☒

Condemned \_\_\_\_\_





# Documentation for Approved Emergency Slaughter

**The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.**

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)  
s.79

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 7 years Approved Ear Tag #: 1 s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: down after calving

## ANTE MORTEM INSPECTION

Results of Examination: Unable to stand - weak hind end  
s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:39 am/pm Time of bleeding: 7:42 am/pm Time carcass shipped: 7:49 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Signature \_\_\_\_\_  
s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_

Date: 11 / September / 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.  
s.79 s.79

Owner/Agent Signature \_\_\_\_\_ Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 11/09/2014 9:20 am/pm  
s.79 (dd/mm/yyyy) s.79

Operator: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 11/09/2014 09:35 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_ Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_

Disposition of Carcass: Passed ☒ Condemned ☐



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## Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: <sup>s.79</sup> \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 3 y. 12. <sup>s.79</sup> Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: slow right leg paralysis, fallen on concrete

### ANTE MORTEM INSPECTION

Results of Examination: cervical spinal injury, broken tail head.

Name of provincially licensed establishment carcass is to be shipped to: <sup>s.79</sup> \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 835 am/pm Time of bleeding: 837 am/pm Time carcass shipped: 842 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments. <sup>s.79</sup>

<sup>s.79</sup> \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

Veterinarian Sign: <sup>s.79</sup> \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: 12/09/2014 <sup>s.79</sup>  
(dd/mm/yyyy)

### OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. <sup>s.79</sup>

Owner/Agent Signature: [Signature] <sup>s.79</sup> Print Name: [Signature]

### To be filled in by the Establishment Operator

Date and time carcass arrived: <sup>s.79</sup> 12/09/2014 <sup>s.79</sup> 10:15 <sup>s.79</sup> am/pm  
(dd/mm/yyyy) (time)

Operator: [Signature] <sup>s.79</sup> Signature \_\_\_\_\_ Print Name \_\_\_\_\_

### To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: <sup>s.79</sup> 12/09/2014 <sup>s.79</sup> 10:30 <sup>s.79</sup> am/pm  
(time)

Inspector: \_\_\_\_\_ <sup>s.79</sup> Inspector ID# \_\_\_\_\_ Print Name \_\_\_\_\_

Disposition of Carcass: Passed ☒ Condemned ☐



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

Age of Animal: 6 y.o. Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Animal found down in barn

## ANTE MORTEM INSPECTION

Results of Examination: Dislocated femur.

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:50 am Time of bleeding: 8:59 am Time carcass shipped: 9:05 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian's Signature: s.79

Print Name: s.79

Clinic/Practice Name: s.79

Date: 12/09/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal has received:

proper withdrawal times for any drugs or treatments that it has received.

s.79

Owner/Agent Signature: s.79

Print Name: s.79

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 12/09/2014 10:15 am  
(dd/mm/yyyy) s.79

Operator: s.79 Print Name: s.79

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 12/09/2014 10:45 am  
(dd/mm/yyyy) s.79

Inspector: s.79 Print Name: s.79

Disposition of Carcass: Passed ☒ Condemned ☐



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine s.79

Age of Animal: 3.5 yrs. Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: sternally recumbant, unable to stand

## ANTE MORTEM INSPECTION

Results of Examination: ruptured gastroduodenal

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_ s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:10 am Time of bleeding: 9:12 am Time carcass shipped: 9:16 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_

Date: 12/09/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 12/09/2014 10:15 am

s.79

(dd/mm/yyyy)

(time)

Operator: \_\_\_\_\_

Signature

s.79

ESTABLISHMENT

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 12/09/2014 11:00 am

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Signature

Disposition of Carcass: Passed ☒ Condemned \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

Age of Animal: 3.5 yrs s.79

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Did the splits

## ANTE MORTEM INSPECTION

Results of Examination: right femur fractured

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:55 am/pm Time of bleeding: 8:56 am/pm Time carcass shipped: 9:00 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper w s.79

s.79

Veterinarian sig s.79

Clinic/Practice Name \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 15/09/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

s.79

Owner/Agent Signa \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time car s.79

t: 15/09/2014  
(dd/mm/yyyy)

10:10 am/pm  
(time)

s.79

Operator: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 15/09/2014

s.79

s.79

s.79

10:30 am/pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Disposition of Carcass: \_\_\_\_\_

Passed ☒

Condemned \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CPFA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine, Holstein s.79

Age of Animal: 2y Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: No Health Issues

## ANTE MORTEM INSPECTION

Results of Examination: LH leg Achilles Tendon Rupture, Non Ambulatory s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:15 am/pm Time of bleeding: 9:20 am/pm Time carcass shipped: 9:25 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_

Date: 15-09-2014

(Add location here)

s.79

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 15/09/2014 10:10 am/pm

s.79

(dd/mm/yyyy)

(time)

s.79

Operator: \_\_\_\_\_

PRINT NAME

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 15/09/2014 11:15 am/pm

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

PRINT NAME

Disposition of Carcass: Passed ✓ Condemned



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit: \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 22 Feb - 2012

Approved Ear Tag \_\_\_\_\_ s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: Broken leg

## ANTE MORTEM INSPECTION

Results of Examination: BROKEN Leg

s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:05 am

Time of bleeding: 9:10 am

Time carcass shipped: 9:15 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Clinic/Practice Name \_\_\_\_\_

Veterinarian Sig \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Date: Sept 16, 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal s.79  
received.

e proper withdrawal times for any drugs or treatments that it has  
s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

s.79

To be filled in by the Establishment Operator

Date and time carcass s.79

ent:

(dd/mm/yyyy)

s.79

(time)

am/pm

Operator: \_\_\_\_\_

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Signature

Print Name

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit <sup>s.79</sup> \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 22 - May - 2011 Approved Ear Tag # <sup>s.79</sup> \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: splitz

## ANTE MORTEM INSPECTION

Results of Examination: Broken Hip

Name of provincially licensed establishment carcass is to be shipped to <sup>s.79</sup> \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:55 am/pm Time of bleeding: 8:55 am/pm Time carcass shipped: 9:00 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

<sup>s.79</sup> \_\_\_\_\_ <sup>s.79</sup>

Clinic/Practice Name \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: Sept 16<sup>th</sup>, 2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature: \_\_\_\_\_ <sup>s.79</sup> Print Name: \_\_\_\_\_ <sup>s.79</sup>

To be filled in by the Establishment Operator

Date and time carcass <sup>s.79</sup> it: 16/09/2014 10:15 am/pm  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_ <sup>s.79</sup> Signature \_\_\_\_\_ Print Name \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 16/09/2014 10:50 am/pm  
<sup>s.79</sup> <sup>s.79</sup>

Inspector: \_\_\_\_\_ <sup>s.79</sup> Inspector ID# \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Disposition of Carcass: Passed ☒ Condemned ☐





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## Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black and White Holstein Cow ear tag 900

Age of Animal: 5 years old Ear Tag # s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: Broken R. hip

### ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of broken R. Rear leg

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 16/09/2014  
(dd/mm/yyyy)

Time of stunning: 8:10 am

Time after bleeding: 8:11 am

Time carcass shipped: 8:13 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings.

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby s.79 information is accurate: s.79

Name: s.79  
Owner Print Name

Date: 16/09/2014  
(dd/mm/yyyy)

Practice/Clinic Name

Name: s.79

(Veterinarian Print Name)

Date: 16/09/2014  
(dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 16/09/2014 10:15 am  
(dd/mm/yyyy) s.79

Operator: s.79

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 16/09/2014 10:25 am  
(dd/mm/yyyy) s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #. s.79

Species Slaughtered: Bovine s.79

Age of Animal: 5 Approved Ear Tag: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Broken leg

## ANTE MORTEM INSPECTION

Results of Examination: Broken Right Hind Leg

Name of provincially licensed establishment carcass is to be shipped to \_\_\_\_\_ s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:24 am/pm Time of bleeding: 8:25 am/pm Time carcass shipped: 8:32 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_ s.79

Date: Sep 16, 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ s.79

To be filled in by the \_\_\_\_\_ s.79

Date and time carcass sent: 16/09/2014 10:15 am/pm  
(dd/mm/yyyy) (time) s.79

Operator: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector \_\_\_\_\_

Date and time carcass was inspected: 16/09/2014 10:25 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_ Inspector ID# \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Disposition of Carcass: Passed ✓ Condemned \_\_\_\_\_



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #. <sup>s.79</sup>

Species Slaughtered: Bovine

Age of Animal: 02 March 2010 Approved Ear Tag <sup>s.79</sup>

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: chronic lameness.

## ANTE MORTEM INSPECTION

Results of Examination: swollen Right Hind Leg.

Name of provincially licensed establishment carcass is to be shipped to: <sup>s.79</sup>

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:35 am/pm

Time of bleeding: 8:40 am/pm

Time carcass shipped: 8:45 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

<sup>s.79</sup>

Veterinarian Signature <sup>s.79</sup>

Print Name: \_\_\_\_\_

Clinic/Practice Name <sup>s.79</sup>

Date: Sept 16<sup>th</sup> 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. <sup>s.79</sup>

<sup>s.79</sup>

Owner/Agent Signat

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass <sup>s.79</sup>

shment:

(dd/mm/yyyy)

(time)

Operator: 7

Signature

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 16/09/2014

<sup>s.79</sup>

<sup>s.79</sup>

<sup>s.79</sup>

Inspector: \_\_\_\_\_

Inspector ID#

Signature

Print Name

Disposition of Carcass:

Passed ☒

Condemned ☐



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Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

Age of Animal: 1.5 yrs. s.79

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: had left hind leg caught in a stall

## ANTE MORTEM INSPECTION

Results of Examination: left stifle severely damaged & muscles torn

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 11:40 am/pm

Time of bleeding: 11:41 am/pm

Time carcass shipped: 11:46 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments s.79

Veter s.79  
Clinic/Practice Name \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 16/09/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signat

Print Name: \_\_\_\_\_ s.79

To be filled in by the s.79

Date and time carcass at

16/09/2014  
(dd/mm/yyyy)

12:31 am/pm  
(time)

Operator: \_\_\_\_\_

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

16/09/2014

1:05 am/pm  
(time)

Inspector: \_\_\_\_\_

s.79

s.79

s.79

Inspector ID# \_\_\_\_\_

Signature

Print Name

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black and White Holstein heifer ear tag<sup>s.79</sup>

Age of Animal: 20 months

Ear Tag #: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: cervical cranial injury (hung in self lockers)

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of cervical cranial injury (hung in self lockers)

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 17/09/2014  
(dd/mm/yyyy)

Time of stunning: 10:47 am

Time after bleeding: 10:47 am

Time carcass shipped: 10:50 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

s.79

information is accurate:

s.79

Owner of Animal Signature

Name: \_\_\_\_\_

s.79

Owner Print Name

Date: 17/09/2014  
(dd/mm/yyyy)

Practice/Clinic Name: \_\_\_\_\_

s.79

Name: \_\_\_\_\_

s.79

(Veterinarian Print Name)

Date: 17/09/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: \_\_\_\_\_

s.79

(dd/mm/yyyy)

s.79

Operator: \_\_\_\_\_

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: \_\_\_\_\_

s.79

s.79

(dd/mm/yyyy)

s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Signature



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

Age of Animal: 5y

Approved Ear Tag # s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: Lameness

## ANTE MORTEM INSPECTION

Results of Examination: swollen left hind foot

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:30 am/pm

Time of bleeding: 8:35 am/pm

Time carcass shipped: 8:40 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.  
s.79

Veterinarian Signature s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name s.79

Date: Sept 18<sup>th</sup>, 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.  
s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: Sept 18 / 14

s.79

(dd/mm/yyyy)

930

s.79

(time)

am/pm

Operator: \_\_\_\_\_

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 18/09/2014

s.79

s.79

s.79

09:45

am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Disposition of Carcass: Passed

☒

Condemned \_\_\_\_\_



# Documentation for Approved Emergency Slaughter

**The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.**

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permi<sup>s.79</sup> \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 5y Approved Ear Tag #<sup>s.79</sup> \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Downed after transported from Alberta  
been

## ANTE MORTEM INSPECTION

Results of Examination: BAR - weak on hind legs.

Name of provincially licensed establishment carcass is to be shipped to: <sup>s.79</sup> \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:10 am/pm Time of bleeding: 9:15 am/pm Time carcass shipped: 9:20 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Signature  
<sup>s.79</sup>

Print Name

Clinic/Practice Name

Date: Sep 19<sup>th</sup>, 2014.

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. <sup>s.79</sup> <sup>s.79</sup>

Owner/Agent Signature

Print Name:

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: Sep 19/14 10:30 am/pm  
<sup>s.79</sup> (dd/mm/yyyy) <sup>s.79</sup>

Operator: \_\_\_\_\_  
Signature Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 19/09/2014 11:00 am/pm  
<sup>s.79</sup> <sup>s.79</sup> <sup>s.79</sup>

Inspector: \_\_\_\_\_  
Inspector ID# Signature Print Name

Disposition of Carcass: Passed Condemned



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# Documentation for Approved Emergency Slaughter

**The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.**

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 3 yrs

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: acutely lame injured left hind leg

## ANTE MORTEM INSPECTION

Results of Examination: severe damage left stifle

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_



I verify that this animal was humanely stunned and properly bled.

Time of stunning: 936 am/pm

Time of bleeding: 937 am/pm

Time carcass shipped: 943 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

\_\_\_\_\_  
Clinic/Practice Name \_\_\_\_\_

Veterinarian Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 19/09/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: Sept 19 / 14 1030 am/pm

Operator: \_\_\_\_\_

Signature

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 19/09/2014 11:15 am/pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

Disposition of Carcass: ☒ Passed ☐ Condemned





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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

Age of Animal: 2y

Approved Ear Tag #: s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: Broken Left Hind Leg

## ANTE MORTEM INSPECTION

Results of Examination: Broken Left Hind Leg

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:50 am

Time of bleeding: 8:55 am

Time carcass shipped: 9:00 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature: s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name: s.79

Date: SEP 19, 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 19 SEP 14  
s.79

(time)

10:00 am

Operator: \_\_\_\_\_

Signature

s.79

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 19/09/2014

s.79

s.79

s.79

10:52

am

Inspector: \_\_\_\_\_

Inspector ID#

Signature

Print Name

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: BOVINE

Age of Animal: 5 y.o. Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: laterally recumbent, unable to stand

## ANTE MORTEM INSPECTION

Results of Examination: ruptured gastrocnemius

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 732 am/pm Time of bleeding: 732 am/pm Time carcass shipped: 735 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.  
s.79

Veterinarian Signature: s.79 Clinic/Practice Name: s.79

Print Name: s.79 Date: 23/09/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.  
s.79

Owner/Agent Signature: X Print Name: X s.79

## To be filled in by the Establishment Operator

Date and time: 23/09/2014 8:45 am/pm  
(dd/mm/yyyy) (time)

Operator: s.79 Print Name: s.79

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 23/09/2014 09:15 am/pm  
s.79 s.79 (time)

Inspector: s.79 Inspector ID# s.79 Print Name: s.79

Disposition of Carcass: Passed Condemned



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Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFLA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

Age of Animal: 4.5 yrs. Approved Ear Tag # s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: fresh cow, weak, unable to stand.

## ANTE MORTEM INSPECTION

Results of Examination: obscure nasal paralysis

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:01 am/pm Time of bleeding: 7:03 am/pm Time carcass shipped: 7:10 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature s.79 Clinic/Practice Name s.79

Print Name: s.79 Date: 23/09/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79 s.79

Owner/Agent Signature: x Print Name: x

To be filled in by the Slaughter Establishment Operator s.79

Date and time carcass sent: 23/09/2014 8:41 am/pm  
(dd/mm/yyyy) (time) s.79

Operator: C Print Name s.79

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 23/09/2014 08:50 am/pm  
s.79 s.79 s.79

Inspector: s.79 Inspector ID# s.79 Signature s.79 Print Name s.79

Disposition of Carcass: Passed ☒ Condemned s.79



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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

Age of Animal: 2 y.o. Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: sternally recumbant, found down in alley

## ANTE MORTEM INSPECTION

Results of Examination: dislocated femur.

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:02 am/pm Time of bleeding: 7:04 am/pm Time carcass shipped: 7:12 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.  
s.79

Clinic/Practice Name s.79

Veterinarian Signature

Print Name: COLIN RADOM, DVM

Date: 23/09/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.  
s.79

Owner/Agent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator  
s.79

Date and time carcass nt: 23/09/2014 8:45 am/pm  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_ Print Name: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 23/09/2014 09:05 am/pm  
s.79 s.79 (dd/mm/yyyy) (time)

Inspector: \_\_\_\_\_ Inspector ID# \_\_\_\_\_ Print Name: \_\_\_\_\_

Disposition of Carcass: Passed Condemned



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Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFTA - SRM Transport Permit #: s.79

Species Slaughtered: beef

Age of Animal: 2yr Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: spilled on concrete

## ANTE MORTEM INSPECTION

Results of Examination: spinal column injury

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 10:32 am Time of bleeding: 10:37 am Time carcass shipped: 10:45 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper treatments. s.79

Veterinarian Signature

Print Name: RICH VANDERWAL, DVM

Clinic/Practice Name: s.79

Date: 29 Sept 2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature

Print Name: s.79

To be filled in by the Establishment Operator

Date and time sent: 29-9-14 11:00 am

(dd/mm/yyyy)

s.79

Operator: s.79

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 29/09/2014 11:15 am

s.79

s.79

s.79

Inspector: s.79

Inspector ID#

Signature

Print Name

Disposition of Carcass: Passed ✓

Condemned



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Houmad. s.79

Age of Animal: 4 Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: CHRONIC UNWELL.

## ANTE MORTEM INSPECTION

Results of Examination: LEFT Hind Foot Rot s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:57 am/pm Time of bleeding: 9:59 am/pm Time carcass shipped: 10:05 am/pm

☐ s.79  
mal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper  
ly veterinary drugs or treatments.

s.79

Veterinarian Sig s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

Date: 29/09/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

s.79

I certify that the animal s.79 has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

Owner/Agent Signature \_\_\_\_\_

Print Name \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 29-9-14 11:00 am/pm s.79  
(dd/mm/yyyy)

Operator: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 29/09/14 11:30 am/pm s.79  
s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass: Passed ☒ Condemned \_\_\_\_\_



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: bovine

Age of Animal: 3yr Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: lameness

## ANTE MORTEM INSPECTION

Results of Examination: partially ruptured gastrocnemius tendon

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 12:50 am Time of bleeding: 12:59 am Time carcass shipped: 12:55 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper with s.79

Veterinarian Signature: s.79 Clinic/Practice Name: s.79

Print Name: s.79 Date: 30 Sept 2014

(dd/mm/yyyy) s.79

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature: s.79 Print Name: s.79

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 30/09/14 120 am

s.79

(dd/mm/yyyy)

(time)

Operator: s.79 Signature: s.79 Print Name: s.79

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/09/2014 02:05 am

s.79

s.79

s.79

Inspector: s.79 Inspector ID#: s.79 Print Name: s.79

Disposition of Carcass: Passed Condemned



Ministry of  
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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

Age of Animal: 5 y.o. Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: sternally recumbent, down this morning

## ANTE MORTEM INSPECTION

Results of Examination: captured gastrocnemius

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 1235 am/pm Time of bleeding: 1240 am/pm Time carcass shipped: 1245 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.  
s.79

Veterinarian Signature

Print Name: COLIN RADOM, DVM

Clinic/Practice Name

Date:

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.  
s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 30 09 14 1:20 am/pm  
s.79 (dd/mm/yyyy) s.79

Operator: \_\_\_\_\_

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/09/2014 01:45 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_

Inspector ID#

Disposition of Carcass: Passed ☒ Condemned





Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency, SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: BOVINE

Age of Animal: 3 y.o. Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: non-ambulating, laterally recumbent, head down is all day this morning

## ANTE MORTEM INSPECTION

Results of Examination: Dislocated femur.

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 12:05 am/pm Time of bleeding: 12:06 am/pm Time carcass shipped: 12:15 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal times for any veterinary drugs or treatments. s.79

Veterinarian Signature: s.79 Clinic/Practice Name: s.79

Print Name: s.79 Date: 30/09/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature: s.79 Print Name: s.79

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 30/09/14 1200 am/pm  
s.79 (dd/mm/yyyy) s.79 (time)

Operator: Signature: Print Name:

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/09/2014 01:30 am/pm  
s.79 s.79 (dd/mm/yyyy) s.79 (time)

Inspector: Inspector ID# Signature: Print Name:

Disposition of Carcass: Passed ☒ Condemned



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: Bovine

Age of Animal: 5 y.o. Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: non-ambulatory, sternally recumbent

## ANTE MORTEM INSPECTION

Results of Examination: dislocated left rear limb

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 843 am/pm Time of bleeding: 845 am/pm Time carcass shipped: 849 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.  
s.79

Clinic/Practice Name: s.79

Print Name: s.79 Date: 30/09/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal s.79 has undergone proper withdrawal times for any drugs or treatments that it has received.  
s.79

Owner/Agent Signature: s.79 Print Name: X

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 30/09/14 10:00 am/pm  
s.79 (time) s.79

Operator: s.79 Signature: s.79 Print Name: s.79

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/09/2014 10:40 am/pm  
s.79 (time) s.79

Inspector: s.79 Signature: s.79 Print Name: s.79

Disposition of Carcass: Passed Condemned



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: bovine

Age of Animal: 3yr Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: down

## ANTE MORTEM INSPECTION

Results of Examination: broken leg

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 830 am Time of bleeding: 832 am Time carcass shipped: 840 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.  
s.79

Veterinarian Signature s.79 Clinic/Practice Name s.79

Print Name: s.79 Date: 30 Sept 2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature: s.79 Print Name: s.79

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 30 09 14 10:00 am  
s.79 y) s.79 (time)

Operator: Signature Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/09/2014 10:25 am  
s.79 s.79 s.79 (time)

Inspector: Inspector ID# Signature Print Name

Disposition of Carcass: Passed Condemned

## Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black and White, Holstein Cow, ear tag s.79  
Age of Animal: 5 years Ear Tag s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: injured back, paralyzed

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of back injury

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 30/09/2014  
(dd/mm/yyyy)

Time of stunning: 8:10 am

Time after bleeding: 8:10 am

Time carcass shipped: 8:15 am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #: s.79

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

s.79

tion is accurate:

Owner of Animal Signature

Name: \_\_\_\_\_ Date: 30/09/2014 s.79  
(dd/mm/yyyy)

Owner Print Name

s.79

Practice/ Clinic Name

Name: \_\_\_\_\_ Date: 30/09/2014  
(Veterinarian Print Name) (dd/mm/yyyy)

To be filled in by the Facility Operator

Date and time carcass arrived at abattoir:

s.79

30/09/14  
(dd/mm/yyyy)

10:00

(time)

s.79

Operator: \_\_\_\_\_

Print Name

Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

s.79

s.79

30/09/2014  
(dd/mm/yyyy)

s.79

10:10

(time)

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

## Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Black and White, Holstein, ear tag<sup>s.79</sup>  
Age of Animal: 6 years Ear Tag: \_\_\_\_\_<sup>s.79</sup>

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: animal is weak and will not stand for extended periods. Will fall down during transport

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of injured hip, LDA

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 30.09.2014  
(dd/mm/yyyy)

Time of stunning: 2:08 am/pm am Time after bleeding: 2:09 am/pm am Time carcass shipped: 2:15 am/pm am

The brain matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit <sup>s.79</sup>

☒ In my opinion this animal may be salvageable depending on post-mortem <sup>s.79</sup>

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate: <sup>s.79</sup>

<sup>s.79</sup>  
Name: \_\_\_\_\_  
Owner Print Name

Date: 30/9/2014  
(dd/mm/yyyy)

<sup>s.79</sup>  
Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 30/09/2014  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 30/09/14  
<sup>s.79</sup>

2:30  
<sup>s.79</sup>

Operator: \_\_\_\_\_  
Print Name

Signature

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 30/09/14  
<sup>s.79</sup> <sup>s.79</sup>  
(dd/mm/yyyy)

03:00  
<sup>s.79</sup> <sup>am/pm</sup>

Inspector: \_\_\_\_\_  
Inspector ID#



Ministry of  
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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)  
s.79

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine

s.79

Age of Animal: 3 yrs Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: Broken Right Hind leg from being jumped on by another car

## ANTE MORTEM INSPECTION

Results of Examination: Generally healthy - broken right hind leg  
s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:14 am/pm Time of bleeding: 9:14 am/pm Time carcass shipped: 9:19 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.  
s.79

\_\_\_\_\_  
Veterinarian Sign s.79

\_\_\_\_\_  
Clinic/Practice Name s.79

Print Name: \_\_\_\_\_ Date: 01/10/2014  
(Add mm/yyyy)

s.79

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.  
s.79

Owner/Agent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 01/10/14 11:00 am/pm  
s.79

Operator: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 01/10/2014 11:10 am/pm  
s.79

Inspector: \_\_\_\_\_ Inspector ID# \_\_\_\_\_ Print Name: \_\_\_\_\_

Disposition of Carcass: Passed Condemned



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Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFLA - SRM Transport Permit #: <sup>s.79</sup>

Species Slaughtered: Bovine

Age of Animal: 5 yrs. Approved Ear Tag #: <sup>s.79</sup>

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Did splits

## ANTE MORTEM INSPECTION

Results of Examination: Fractured left femur

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 7:15 am/pm Time of bleeding: 7:15 am/pm Time carcass shipped: 7:20 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments  
<sup>s.79</sup>

<sup>s.79</sup>  
Clinic/Practice Name

<sup>s.79</sup>

Print Name: <sup>s.79</sup>

Date: 02/10/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.  
<sup>s.79</sup> <sup>s.79</sup>

Owner/Agent Signatu

Print Name:

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 02/10/14 8:15 am/pm  
<sup>s.79</sup> (dd/mm/yyyy) <sup>s.79</sup>

Operator: \_\_\_\_\_ Signature

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 02/10/14 09:05 am/pm  
<sup>s.79</sup> <sup>s.79</sup> <sup>s.79</sup> (time)

Inspector: \_\_\_\_\_ / Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Inspector ID#

Disposition of Carcass: Passed Condemned



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: <sup>s.79</sup>

Species Slaughtered: Holstein M.W. Bovine (M.W.)

Age of Animal: 2 Approved Ear Tag #: <sup>s.79</sup>

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Injury to spine/both back legs - unable to stand

## ANTE MORTEM INSPECTION

Results of Examination: unable to stand

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:10 am/pm Time of bleeding: 9:11 am/pm Time carcass shipped: 9:15 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper <sup>s.79</sup>

<sup>s.79</sup> Clinic/Practice Name Michael Walker DVM

Veterinarian Signature MICHAEL WALKER, DVM

Date: 03/10/2014

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. <sup>s.79</sup>

Owner/Agent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 03 10 14 10:15 am/pm <sup>s.79</sup>

Operator: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 03/10/2014 10:50 am/pm <sup>s.79</sup>

Inspector: \_\_\_\_\_ Inspector ID# \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Disposition of Carcass: Passed ☒ Condemned ☐





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# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFLA - SRM Transport Permit #: s.79

Species Slaughtered: Holstein m.w. Bovine m.w.

Age of Animal: 3 Approved Ear Tag #: s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Injury to hip, unable to walk properly

## ANTE MORTEM INSPECTION

Results of Examination: Animal unable to walk properly, injured hip

Name of provincially licensed establishment carcass is to be shipped to: AGM

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:25 am/pm Time of bleeding: 9:26 am/pm Time carcass shipped: 9:32 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature: [Signature] Clinic/Practice Name: s.79

Print Name: [Signature] Date: October 3/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION s.79

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signatur [Signature] Print Name: [Signature]

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 3/10/14 10:15 am/pm

s.79

s.79

Operator: [Signature] Signature [Signature] Print Name [Signature]

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 03/10/2014 11:05 am/pm

s.79

s.79

s.79

Inspector: [Signature] Inspector ID# [Signature]

Disposition of Carcass: Passed Condemned



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-733-8153)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: BOVINE

s.79

Age of Animal: 2 years

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition:

legs "split" out - injury yesterday

## ANTE MORTEM INSPECTION

Results of Examination:

ANIMAL IS BRIGHT, UNABLE TO RISE, INJURY TO ADDUCTOR MUSCLES OF HIND LEG

s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_



I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:40 am/pm

Time of bleeding: 8:41 am/pm

Time carcass shipped: 8:45 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper

s.79

Clinic/Practice Name

s.79

Veterinarian's s.79

Print Name: \_\_\_\_\_

s.79

Date:

03/10/2014

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment:

03/10/14 10:15 am/pm

s.79

s.79

Operator: \_\_\_\_\_

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

03/10/2014

s.79

s.79

s.79

10:40 am/pm

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Disposition of Carcass:

Passed ☒

Condemned ☐



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Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-783-8155)

CFIA - SRM Transport Permit #

Species Slaughtered: BOVINE

s.79

Age of Animal: 6 years

Approved Ear Tag #:

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: Hind end weakness

## ANTE MORTEM INSPECTION

Results of Examination: Cow bright, able to walk, retained placenta

s.79

Name of provincially licensed establishment carcass is to be shipped to:

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:27 am/pm

Time of bleeding: 8:27 am/pm

Time carcass shipped: 8:30 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Sign

s.79

Print Name:

s.79

Clinic/Practice Name

s.79

Date:

03/10/2014

yyyy

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature:

Print Name:

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment:

03/10/14

10:15

am/pm

s.79

(dd/mm/yyyy)

s.79

Operator:

Signature

Print Name

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

03/10/2014

10:30

am/pm

s.79

s.79

s.79

Inspector:

Inspector ID#

Signature

Print Name

Disposition of Carcass:

Passed ☒

Condemned



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: 5 y.o. Approved Ear Tag #: \_\_\_\_\_ s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: found down in alley, sternally recumbent

## ANTE MORTEM INSPECTION

Results of Examination: lower spinal cord injury s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 835 (am/pm) Time of bleeding: 836 (am/pm) Time carcass shipped: 842 (am/pm)

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Sig: \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

Date: 06/10/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79 s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator s.79

Date and time: 06/10/2014 10:00 (am/pm) s.79

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 06/10/2014 10:35 (am/pm) s.79 s.79

Inspector: \_\_\_\_\_

Inspector ID#

Print Name

Disposition of Carcass: Passed Condemned



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Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency, SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine s.79

Age of Animal: 1.5 yrs. Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Acute Lameness, severely recumbent.

## ANTE MORTEM INSPECTION

Results of Examination: BROKEN FRONT LIMB

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_ s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:06 am/pm Time of bleeding: 9:08 am/pm Time carcass shipped: 9:12 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper treatments. s.79

s.79

Veterinarian Signature \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_

Date: 6/10/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal has received \_\_\_\_\_ per withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature \_\_\_\_\_

Print Name: X

To be filled in by the Establishment Operator

Date and time: 06/10/2014 10:00 am/pm s.79

Operator: \_\_\_\_\_

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 06/10/2014 10:50 am/pm s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Print Name

Disposition of Carcass: Passed Condemned



Ministry of  
Agriculture

## Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: BOVINE

Age of Animal: 5 yr.

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: UNABLE TO WALK NOW 2 DAYS

### ANTE MORTEM INSPECTION

Results of Examination: Narrowing DAMAGE HIND LIMBS

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:15 am/pm

Time of bleeding: 8:16 am/pm

Time carcass shipped: 8:20 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

Veterinarian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Clinic/Practice Name: \_\_\_\_\_  
Date: 10/04/14 06/10/14 am  
(dd/mm/yyyy)

### OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the \_\_\_\_\_

Date and time carcass e

06/10/2014  
(dd/mm/yyyy)

10:00 am/pm  
(time)

Operator: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected:

06/10/2014

10:25

am/pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass

Passed \_\_\_\_\_

Condemned ☒

PLEASE FAX BACK TO \_\_\_\_\_

Created Date: November 20, 2013

Revised Date: March 28, 2014

Procedure Reference: MIP-3.2

Form 3.2-001

Ministry of  
Agriculture

## Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #

Species Slaughtered: BovineAge of Animal: 2 yrApproved Ear Tag #: s.79

Reason for emergency slaughter:

☒ Inhumane to transport☐ Behaviour / size of animalHistory of Animal's Condition: ACUTE TRAUMA

## ANTE MORTEM INSPECTION

Results of Examination: Fracture Trauma to left hind limb below hockName of provincially licensed establishment carcass is to be shipped to: s.79☒ I verify that this animal was humanely stunned and properly bled.Time of stunning: 8:15 am/pm Time of bleeding: 8:15 am/pm Time carcass shipped: 8:20 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

Veterinarian Signature

Print Name: s.79Clinic/Practice Name: s.79Date: 10/01/14  
(dd/mm/yyyy)06/10/14 am

## OWNER/AGENT'S DECLARATION

I certify that the animal s.79 received

proper withdrawal times for any drugs or treatments that it has received.

Owner/Agent Signature

Print Name

To be filled in by the Slaughter Establishment s.79

Date and time carcass

06/10/2014  
(dd/mm/yyyy)10:00

(time)

am/pm

Operator:

s.79

Print Name

To be filled in by the

Date and time carcass was inspected:

06/10/2014

s.79

s.79

s.79

10:10am/pm

Inspector:

Inspector ID#

Disposition of Carcass:

Passed U

Condemned

Created Date: November 20, 2013

Revised Date: March 28, 2014

Procedure Reference: MIP-3.2

Form 3.2-004

# Documentation for Approved Emergency Slaughter

In accordance with Part 4 section 13 and 14 of the Meat Inspection Regulation (BC), the following sets out the documentation to undertake an emergency slaughter.

*Note: The animal owner should inform the facility operator of an emergency slaughter prior to the animal's arrival at the provincially licensed facility. Approval to ship an emergency slaughtered carcass under the Meat Inspection Regulation does not convey other necessary approvals such as a Specified Risk Material (SRM) transport permit (Call 1.800.442.2342 for emergency SRM permits).*

The attending veterinarian must complete and ship this form with the carcass to the slaughter facility.

Species Slaughtered: ☒ Cattle ☐ Bison ☐ Hogs ☐ Sheep ☐ Other: \_\_\_\_\_

Animal Description: (color, breed, markings) Holstein, HW Age of Animal: 2.5 yr Ear Tag: s.79

Verification reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

Describe condition identified above: fractured femur

## ANTE MORTEM INSPECTION

☐ No abnormalities were observed on the ante mortem inspection, or

☒ This animal revealed signs of unable to rise

☒ I verify that this animal was humanely stunned and properly bleed

Date of slaughter: 07/10/14  
(dd/mm/yyyy)

Time of stunning: 7:24 am/pm

Time after bleeding: 7:28 am/pm

Time carcass shipped: 7:29 am/pm

The brain-matter was submitted for B.S.E. testing: ☐ Yes ☒ No

SRM Transport Permit #:

☒ In my opinion this animal may be salvageable depending on post-mortem inspection findings  
s.79

Name of provincially licensed abattoir carcass is to be shipped to: \_\_\_\_\_

We hereby certify that the above information is accurate:  
s.79

Name: \_\_\_\_\_  
s.79

Date: 07/10/14  
s.79

s.79

Name: \_\_\_\_\_  
s.79

Name: \_\_\_\_\_  
s.79

Name: \_\_\_\_\_  
(Veterinarian Print Name)

Date: 07/10/14  
(dd/mm/yyyy)

## To be filled in by the Facility Operator

Date and time carcass arrived at abattoir: 07/10/2014 9:30 am/pm  
s.79 s.79

Operator: \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07/10/2014 09:37 am/pm  
s.79 s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

carcass in good condition





Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine

s.79

Age of Animal: 5y

Approved Ear Tag # \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: 5 days fresh - downed

## ANTE MORTEM INSPECTION

Results of Examination: BAR - Hind leg paralysis

s.79

Name of provincially licensed establishment carcass is to be shipped to \_\_\_\_\_



I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:45 am/pm

Time of bleeding: 8:50 am/pm

Time carcass shipped: 8:55 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Clinic/Practice Name \_\_\_\_\_

Veterinarian s.79 \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 07/10/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the s.79 \_\_\_\_\_  
received.

\_\_\_\_\_ ergone proper withdrawal times for any drugs or treatments that it has  
s.79

Owner/Agent Sign \_\_\_\_\_

Print Name \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass: s.79 \_\_\_\_\_

at: 07/10/2014  
(dd/mm/yyyy)

9:30 am/pm  
(time)

s.79

Operator: \_\_\_\_\_

Print Name \_\_\_\_\_

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07/10/2014

s.79

s.79

s.79

10:40  
09:55 am/pm  
(time)

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Disposition of Carcass: \_\_\_\_\_

Passed ☒

Condemned \_\_\_\_\_



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: s.79

Species Slaughtered: BOVINE, HOLSTEIN. s.79

Age of Animal: 7 yrs Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: CHRONIC LEFT HIND FOOT ROT - UNRESPONSIVE TO TREATMENT

## ANTE MORTEM INSPECTION

Results of Examination: LEFT HIND FOOT ROT s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:15 am Time of bleeding: 8:17 am Time carcass shipped: 8:25 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper veterinary drugs or treatments. s.79

Veterinarian Sig: \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

Date: 07/10/2014  
(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

Owner/Agent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ s.79

## To be filled in by the Establishment Operator

Date and time carcass sent: 07/10/2014 9:30 am  
(dd/mm/yyyy) (time)

Operator: \_\_\_\_\_ s.79 Print Name: \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07/10/2014 09:50 am  
s.79 s.79 (time)

Inspector: \_\_\_\_\_ s.79 Print Name: \_\_\_\_\_  
Inspector ID# \_\_\_\_\_

Disposition of Carcass: Passed Condemned



# Documentation for Approved Emergency Slaughter

**The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.**

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit # \_\_\_\_\_

Species Slaughtered: bovine

s.79

Age of Animal: 5 yrs

Approved Ear Tag #: \_\_\_\_\_

Reason for emergency slaughter:



Inhumane to transport



Behaviour / size of animal

History of Animal's Condition: downer - got stuck in stall

## ANTE MORTEM INSPECTION

Results of Examination: downer cow - hind limb injury, no fever

s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 10:35 am

Time of bleeding: 10:36 am

Time carcass shipped: 10:45 am

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments.

s.79

s.79

Veterinarian Sig. \_\_\_\_\_

Clinic/Practice Name \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 07/10/2014

(dd/mm/yyyy)

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received.

s.79

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 07/10/2014 11:20 am

s.79

(time)

s.79

Operator: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 07/10/2014 11:35 am

s.79

s.79

s.79

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass: \_\_\_\_\_

Passed ☒

Condemned \_\_\_\_\_

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-783-8155)

CFIA - SRM Transport Permit

Species Slaughtered: BOVINE

Age of Animal: 4 years

Approved Ear Tag #: s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: HIND END WEAKNESS, SWELLING LEFT FRONT LEG

## ANTE MORTEM INSPECTION

Results of Examination: INJURY & SWELLING LEFT FRONT LEG, ATTEMPTS TO RISE BUT UNABLE TO

Name of provincially licensed establishment carcass is to be shipped to: s.79

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:28 am/pm

Time of bleeding: 8:30 am/pm

Time carcass shipped: 8:35 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal times for any veterinary drugs or treatments.

s.79

Veterinarian Signature

Print Name: s.79

Clinic/Practice Name s.79

Date: 08/10/2014

## OWNER/AGENT'S DECLARATION

I certify that the animal s.79 received.

Withdrawal times for any drugs or treatments that is less s.79

Owner/Agent Signature:

Print Name:

To be filled in by the Establishment Operator

Date and time s.79

Signature:

08/10/2014  
(dd/mm/yyyy)

10:05  
s.79

am/pm

Operator:

Signature

Print Name

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08/10/2014

s.79

s.79

10:30  
s.79 (mm) am/pm

Inspector:

Inspector ID#

Disposition of Carcass:

Passed ☒

Condemned

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-733-8153)

CFIA - SRM Transport Permit # <sup>s.79</sup>

Species Slaughtered: BOVINE <sup>s.79</sup>

Age of Animal: 4 years Approved Ear Tag #                     

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Lameness, difficult for cow to walk.

## ANTE MORTEM INSPECTION

Results of Examination: PAIN & SWELLING RIGHT HIND FOOT - infection in joint possible

Name of provincially licensed establishment carcass is to be shipped to:                      <sup>s.79</sup>

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 8:53 am/pm Time of bleeding: 8:55 am/pm Time carcass shipped: 9:00 am/pm

s.79

ed humanely, is fit for slaughter and has undergone the proper

s.79

Clinic/Practice Name

Print Name:                      <sup>s.79</sup>

Date: 08/10/2014  
(dd/mm/yyyy)

s.79

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. <sup>s.79</sup>

Owner/Agent Signature:                      <sup>s.79</sup> Print Name                     

## To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 08/10/2014 10:05 am/pm  
<sup>s.79</sup> (dd/mm/yyyy) (time)

Operator:                      <sup>s.79</sup> Print Name                     

## To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 08/10/2014 10:30 am/pm  
<sup>s.79</sup> (dd/mm/yyyy) <sup>s.79</sup>

Inspector:                      <sup>s.79</sup> Inspector ID#                      Signature                     

Disposition of Carcass: Passed ☒ Condemned ☐



Ministry of  
Agriculture

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit

Species Slaughtered: Bovine Holstein

Age of Animal: 5

Approved Ear Tag #: s.79

Reason for emergency slaughter:

☒ Inhumane to transport

☐ Behaviour / size of animal

History of Animal's Condition: Calving Trauma

## ANTE MORTEM INSPECTION

Results of Examination: UTERINE TEAR, UNSTABLE ON Hind Limbs

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:35 am/pm

Time of bleeding: 9:38 am/pm

Time carcass shipped: 9:45 am/pm

In s.79 not be loaded and transported humanely, is fit for slaughter and has undergone the proper veterinary drugs or treatments.

s.79

Veterinarian Sign s.79

Clinic/Practice Name \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 09/10/2014

## OWNER/AGENT'S DECLARATION

I certify that the animal described s.79 has gone proper withdrawal times for any drugs or treatments that it has received.

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time carcass arrived at establishment: 09/10/2014

s.79

(dd/mm/yyyy)

10:20

(time)

am/pm

Operator: \_\_\_\_\_

s.79

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 09/10/2014

s.79

s.79

s.79

11:30

am/pm

Inspector: \_\_\_\_\_

Inspector ID# \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Disposition of Carcass:

Passed ☒

Condemned \_\_\_\_\_

# Documentation for Approved Emergency Slaughter

The attending veterinarian must complete and ship this form with the carcass to the slaughter establishment.

(Cattle require an SRM Permit from the Canadian Food Inspection Agency. SRM emergency permit number: 1-866-788-8155)

CFIA - SRM Transport Permit #: \_\_\_\_\_

Species Slaughtered: Bovine

Age of Animal: Jan 2001 Approved Ear Tag #: \_\_\_\_\_ s.79

Reason for emergency slaughter: ☒ Inhumane to transport ☐ Behaviour / size of animal

History of Animal's Condition: Damaged @ stifle joint - Not fit for transport

## ANTE MORTEM INSPECTION

Results of Examination: Damaged stifle s.79

Name of provincially licensed establishment carcass is to be shipped to: \_\_\_\_\_

☒ I verify that this animal was humanely stunned and properly bled.

Time of stunning: 9:05 am/pm Time of bleeding: 9:15 am/pm Time carcass shipped: 9:20 am/pm

In my opinion this animal cannot be loaded and transported humanely, is fit for slaughter and has undergone the proper withdrawal time for any veterinary drugs or treatments. s.79

s.79

Veterinarian Signature: \_\_\_\_\_ s.79

Print Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

Date: 10/10/2014

s.79

## OWNER/AGENT'S DECLARATION

I certify that the animal described above has undergone proper withdrawal times for any drugs or treatments that it has received. s.79

s.79

Owner/Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

To be filled in by the Establishment Operator

Date and time s.79 : 10/10/2014 10:05 am/pm  
(dd/mm/yy) (time)

s.79

Operator: \_\_\_\_\_

FIELD INSPEC

To be filled in by the Meat Hygiene Inspector

Date and time carcass was inspected: 10/10/2014 11:00 am/pm  
s.79 s.79 s.79

Inspector: \_\_\_\_\_ s.79 \_\_\_\_\_ s.79 \_\_\_\_\_ s.79  
Inspector Name Print Name

Disposition of Carcass: Passed Condemned