

**R-G SWINE MOVEMENT DOCUMENT****COLOUR LEGEND**

Regulatory requirements
CPE
Racto-Free Program only
Slaughter or assembly yard movements only (regulatory)
Optional (Recommended)

**SECTION 1: TO BE COMPLETED BY SHIPPER**

Site name (shipper): ..... PID# /Location: .....

Name of shipper (print): ..... Shipper's phone #: .....

# of pigs loaded	Description of pigs (e.g. age, purpose, etc..., broken needle identification method)	Herd Marks (e.g. Tattoo or Ear Tag Numbers)	Average pig weight	Pigs last fed, watered, rested		Broken Needles Present?	
				DATE	TIME	YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Declarations	YES	N/A
I attest that these pigs were produced in accordance with the standards of the CQA-ACA or PigSAFE PigCARE programs.	<input type="checkbox"/>	<input type="checkbox"/>
Check one: <input type="checkbox"/> There are no outstanding drug withdrawal periods. <input type="checkbox"/> The longest outstanding withdrawal period ends on the following date: .....		
I attest that these pigs were not fed with feed containing ractopamine.	<input type="checkbox"/>	<input type="checkbox"/>
I attest that these pigs were produced in accordance with the Canadian Ractopamine-Free Pork Certification Program.	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Shipper: .....	Date: .....	

**SECTION 2: TO BE COMPLETED BY TRANSPORTER**

Name of transport company: ..... Address: .....

Names(s) of driver(s) (print): ..... Driver's phone #: .....

Trailer's license plate or conveyance ID #		Total floor space (m <sup>2</sup> or ft <sup>2</sup> ) available to pigs	Trailer last cleaned and disinfected		
Province	Number		Date	Time	Place

Pigs loaded at origin: Date: ..... Time: .....  AM  PM

Comments on condition of pigs at loading: .....

Welfare concerns during transport and actions taken: .....

Only if applicable:

Feed, water and rest (of 8+ hours) provided during transport:

Rest location: ..... Date: ..... Time: .....  AM  PM

Destination site name: ..... PID # / Location: .....

Declarations	YES	NO
I hereby certify that these pigs were not mixed during transport with pigs non-certified to the Canadian Ractopamine-Free Pork Certification Program and the truck was fully cleaned if livestock that may have come in contact with ractopamine were previously transported in this vehicle.	<input type="checkbox"/>	<input type="checkbox"/>

Signature(s) of driver(s): ..... Date: .....

**SECTION 3: TO BE COMPLETED BY RECEIVER (CONSIGNEE)**

Name of receiver (print): ..... Signature: ..... Date: .....

Pigs loaded at origin: Date: ..... Time: .....  AM  PM

Number of Pigs on Arrival	Number of Pigs by Condition			Comments (e.g. delayed unloading, condition of pigs at unloading, actions taken)
	DOA	Compromised	Unfit	

The transfer of care from the transporter to the receiver occurs immediately upon written acknowledgement from the receiver (e.g. email, text, signature) of the shipment having arrived.

