



R-G SWINE MOVEMENT DOCUMENT

Colour legend:

Regulatory requirements
CPE/CQA only
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)	Herd Marks (e.g. Tattoo or Ear Tag Numbers)	Average pig weight	Pigs last fed, watered, rested		Broken Needles Present?	
				DATE	TIME	YES	NO

Declarations	YES	N/A
I attest that these pigs were produced in accordance with the standards of the CQA-ACA or PigSAFE PigCARE programs.		
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.		
I attest that these pigs were produced in accordance with the Canadian Ractopamine-Free Pork Certification Program.		

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 ² or ft ²) 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	N/A
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.		

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

SECTION 3: TO BE COMPLETED BY RECEIVER (CONSIGNEE)

Name of receiver (print): _____ Signature: _____ Date: _____
 Pigs unloaded at destination: _____ 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.