

**R-G SWINE MOVEMENT DOCUMENT****SECTION 1: TO BE COMPLETED BY PRODUCER/ASSEMBLY YARD**

PID site name: PID#:

Phone number: Date of departure: Time of departure: am/pm
(yy/mm/dd)

Barn-Exclusive Herd Mark (e.g., Tattoo Numbers or Ear Tag Numbers)	Total Number of pigs	Fasting Period (Hours)	Broken Needles Present?		Comments
			YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Declarations	YES	N/A
1A: For farms to assembly yard or slaughterhouse movement: I attest that these pigs were produced in accordance with the standard of the PigSAFE PigCARE programs. I further attest that all drugs withdrawal periods have been met.	<input type="checkbox"/>	<input type="checkbox"/>
1B: For farm to farm movement: I attest that these pigs were produced in accordance with the standards of the PigSAFE PigCARE programs. <input type="checkbox"/> There is no outstanding withdrawal period. <input type="checkbox"/> The longest outstanding withdrawal period ends on the following date:	<input type="checkbox"/>	<input type="checkbox"/>
2A: For farm to assembly yard or slaughterhouse movement: I attest that these pigs were not fed with feed containing ractopamine and that they were produced in accordance with the Canadian Ractopamine-Free Pork Certification Program.	<input type="checkbox"/>	<input type="checkbox"/>
2B: For farm to farm movement: I attest that these pigs were not fed with feed containing ractopamine.	<input type="checkbox"/>	<input type="checkbox"/>
Other required declarations, if any:		

Name of producer or person in charge (print):

Signature: Date:
(yy/mm/dd)**SECTION 2: TO BE COMPLETED BY TRANSPORTER**

Name of transport company: Phone number:

License plate or conveyance identification number: TQA/CLT number:

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.	<input type="checkbox"/>	<input type="checkbox"/>

Name of driver (print):

Signature: Date:
(yy/mm/dd)**SECTION 3: TO BE COMPLETED BY DESTINATION FARM / SLAUGHTERHOUSE**

Name of farm/establishment: Delivery date: Delivery time: am/pm

Person receiving shipment:
Name (print): : Signature:

Total Number of Pigs on Arrival	Number of Pigs by Condition			Comments
	DOA	Downers	Subjects	

