ANIMAL TRANSPORT RECORD

LOADING THE SHIPMENT	
Date of shipment:	**Time of loading:**
Producer/shipper name:	**PID number, if available:**
Producer/shipper address:	
Name and address of transport company:	
Driver(s) name(s):	
License/registration number of trailer:	
Area – floor area available to animals (m^2 or ft^2):	
Date and place trailer was last cleaned/disinfected:	
Number of animals on load:	**Estimated total weight of animals on load:**
Description of animals on the load, i.e. purpose of travel, sex, type (cull cows, feeders, etc.):	
All animals have been determined to be **fit for transport** **YES** ☐ **NO** ☐	**Number of compromised animals loaded:**
Compromised animal(s) description and measures taken:	

Date and time of last access to feed, water and rest prior to loading:
Date:

Time:

IN TRANSIT

If applicable, provide the date, time/duration and place where the animals had access to feed, water and rest during transit:
Date:

Time/duration:

Location:

ARRIVAL AT DESTINATION

Date of arrival:	**Time unloaded:**

Receiving company name:

Receiving individual name:

Destination address:

Arrival: All animals arrived in good condition **YES** ☐ **NO** ☐ **If no,** please complete the box below

Condition of animals upon arrival, including any dead animals, and actions taken to address prior to arrival:

Shipper Signature:	**Transporter Signature:**	**Receiver Signature:**

The transfer of care from the transporter to the receiver occurs immediately upon acknowledgement of the shipment and the accompanying documentation by the receiver.