Animal Transportation Form

Humane Transport

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Document Description:

Canadian Food Inspection Agency (CFIA) currently requires multiple forms to be filled during animal transportation. This form is created by merging all the required documents i.e. Animal Transport Record, Feed Water and Rest, Transfer of Care and Contingency Plan.

Color Tags:

Color tags are used to show the overlapped information

Animal Transport Record, FWR, Transfer of Care & Contingency Plan

Shipper's Information ATR

Name:
The shipper is the owner of the animals loaded in the vehicle (Optional):
Departure Premises Identification number (PID) and name PID: Name:
Address:
Shipper's Contact information in case of emergency:

Transporter's Information

ıran	sporter s information
ATR	ToC

Name and address of transporting Company:			
Driver(s) Name(s):CP			
Province and License Plate number of the conveyance transporting the animals (including trailer):			
Conveyance or container last cleaned and disinfected			
Date: Time: Place:			
Driver has been briefed on the contingency plan? Yes/No.			
Driver has received humane transport training? Yes/No.			
Training Type: CP Expiry date: CP			

Feed, Water & Rest **Information**

Last access to feed, water and rest (FWR) prior to loading ATR

ToC

FWR	Date:	Time:	Place:	
	If FWR was provided during transport			
	Animals unload	ded ? Yes/No		
	Date:	Time:	_ Place:	
	Provided onboa	ard? Yes/No		
_				
Loading Vehicle Information	Date of loading (dd/mm/yyyy):			
ATR CP FWR	Time of loading	g:	AM/PM:	
	Area – Floor or ft2):		available to animals (m2 or	
	Loading density	y:	_	
	Animals per flo	or area (Kg/m2	or lbs/ft2):	
		1 5	2 3 4 -6 7 9 10	

Animals loaded

Animal(s) description (species, group of age, approximate weight, purpose)	Quantity of animals

All animals have been	determined	to be	fit for	transport?
YES/NO				

Number of compromised animals loaded:_____

Compromised animal(s), identification description and measures taken:

	measures taken:
<u> </u>	
Delivery Information	Receiving Company Name:
ATR ToC	Representative Name:
	Account identification number of the consignee in the database of the responsible administrator (Optional):
	Destination and Premises Identification number (PID) and name:
	PID: Name:
	Address:
	Receiver's Contact number in case of emergency:
	Date of arrival (dd/mm/yyyy):
	Time of arrival: AM/PM
	Arrival: All animals arrived in good condition? Yes/No
	(If NO, complete box on right)
	Description of transport related conditions and actions taken to address prior to arrival:
	Additional animal welfare concerns for the consignee to be aware of ? Yes/No
	(If YES, complete box on right):
— Acknowledgements	Shipper Acknowledgment:ToC
•	Transporter Acknowledgment:ATR
	Consignee Acknowledgment:ATRToC

	ingency	Plan
CP		

(Gene	eral Plan)
	Statement (company's goal and purpose of the plan oid animal suffering):
	nunication Plan (who should be contacted and who will e or permit the process?):
and w 1. 2.	contacts and links(general helpline, industry related link rebsites):
-	eted Preparation Process (what should be done prior to g animals?):
Stand	ard Animal Monitoring:
1.	tial Hazard/Events/Challenges:
	tial Actions to Ensure Human or Animal Safety:

3. _____

(Event Specific Plan)
Date and time of event:
Producer's emergency contacts used:
Receiver's emergency contacts used:
Transportation challenges and disturbances identified by driver:
List of animal welfare related measures and actions
taken(specific to the event):
1
2
3
Carrier's communication activities(who was contacted, time and
communication method used e.g. email, text or
telephone):
What instructions were given and decisions made with the
guidance of emergency contacts
reached:
Loading
Information:
Describe event or challenges identified: