

MEGA-FORM

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: _____ CP

Transporter's Information ATR ToC

Name and address of transporting Company: _____ CP

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. CP

Driver has received humane transport training? Yes/No. CP

Training Type: _____ CP Expiry date: _____ CP

Feed, Water and Rest Information FWR

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

Date: _____ Time: _____ Place: _____

If FWR was provided during transport

Animals unloaded ? Yes/No

Date: _____ Time: _____ Place: _____

Provided onboard? Yes/No

Loading Vehicle Information ATR CP FWR

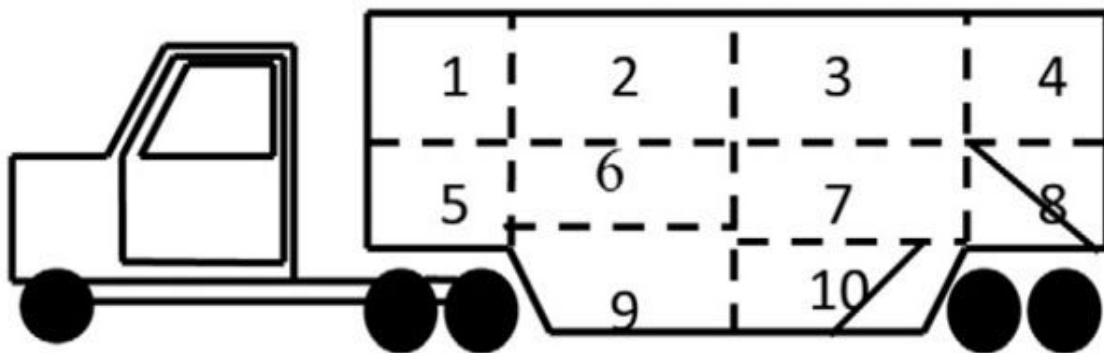
Date of loading (dd/mm/yyyy): _____

Time of loading: _____ AM/PM: _____

Area – Floor or container area available to animals (m² or ft²): _____

Loading density: _____

Animals per floor area (Kg/m² or lbs/ft²): _____



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:

Number and identification of animal(s) with special needs and measures taken:

Delivery information **ATR** **ToC**

Receiving Company Name: _____

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: _____ **CP**

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: _____ **ATR**

Contingency Plan Information CP

(General Plan)

Goal Statement (company's goal and purpose of the plan i.e avoid animal suffering):

Communication Plan (who should be contacted and who will initiate or permit the process?):

Crisis contacts and links(general helpline, industry related links and websites):

1. _____
2. _____
3. _____

Expected Preparation Process (what should be done prior to loading animals?):

Standard Animal Monitoring:

Potential Hazard/Events/Challenges:

1. _____
2. _____
3. _____

Potential Actions to Ensure Human or Animal Safety:

1. _____
2. _____
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:
