

LIVE TRANSPORT

Drop-off Date: _____

PRODUCER Producer#:	TRANSPORTER
Name:	Driver(s) Name & Address
Address:	Truck /Trailer license plate number (note if not ON)

ANIMAL INFORMATION

When was food removed:	Date:	Time:
When was water removed:	Date:	Time:
When were they loaded:	Date:	Time:

Poultry description (Species, Age)					
Number of Birds		Approx. Live Weight		# of birds per chicken crate (2'X 3'X 9")	

All birds have been determined to be fit for transport: <input type="checkbox"/> YES <input type="checkbox"/> NO	
*If NO : Number of compromised birds loaded:	
Compromised birds' description and measures taken	
Birds with special needs and measures taken	
ALL Appropriate Drug Withdrawal times have been met prior to delivering birds to processor? YES NO	

CONSIGNEE

Schefter Poultry Processing LTD. 0512 44783 Harriston Road Gorrie Ontario N0G1X0 519-335-6791 Weather Conditions	All birds arrived in good condition <input type="checkbox"/> YES <input type="checkbox"/> NO If NO , describe transport related conditions and actions taken to address prior to arrival
Producer Signature	
Transporter Signature	
Consignee Signature	