

TRANSPORT / CHAIN OF CUSTODY RECORD

(Complete this form when transporting animals within or off of your operation)

Date: _____

Origin Information

| | | | |
|--------------------|--|----------------|--|
| Operation name: | | | |
| Operation address: | | | |
| Contact Name: | | Contact Phone: | |

Destination Information

| | | | |
|--|--|----------------|--|
| Destination type: <i>(e.g., finishing operation, slaughter)</i> | | | |
| Destination name: | | | |
| Destination address: | | | |
| Contact Name: | | Contact Phone: | |

Transport Information

| | | | |
|---------------------------------------|--|-----------------------------------|--|
| Number of bison transported: | | Average age of bison transported: | |
| Time when feed was withheld: | | Time when water was withheld: | |
| Loading Start Time: | | Loading End Time: | |
| Departure Time: | | Arrival Time: | |
| Reasons for stops or delays en route: | | Number of mortalities: | |

GAP Certificate Information

| | | | |
|--|---------------------------------|---------------------------------|----------------------------------|
| GAP Certificate Number: | | Certificate Expiry Date: | |
| GAP Step Rating: | <input type="checkbox"/> Step 1 | <input type="checkbox"/> Step 4 | <input type="checkbox"/> Step 5+ |
| Standard number of any deviations granted: <i>(if applicable)</i> | | | |

Notes: