

DairyTrace Declaration Form: Animal Movement Event Reporting



DairyTrace Account #: DT 0 _ _ _ _ _

Business Name: _____

Movement Event Types: Move-In and Move-Out

	Animal Identifier Number Farm Management #								Breed (ex.HO)	Date of Entry/Exit				Province & Trailer License #				Premises (PID) of Arrival				Premises (PID) of Departure				Event Type		
	1	2	4	0	0	0	0			D	D	M	M	Y	Y													<input type="checkbox"/>
1	1	2	4	0	0	0	0		D	D	M	M	Y	Y													<input type="checkbox"/>	<input type="checkbox"/>
2	1	2	4	0	0	0	0		D	D	M	M	Y	Y													<input type="checkbox"/>	<input type="checkbox"/>
3	1	2	4	0	0	0	0		D	D	M	M	Y	Y													<input type="checkbox"/>	<input type="checkbox"/>
4	1	2	4	0	0	0	0		D	D	M	M	Y	Y													<input type="checkbox"/>	<input type="checkbox"/>
5	1	2	4	0	0	0	0		D	D	M	M	Y	Y													<input type="checkbox"/>	<input type="checkbox"/>

Movement Event Types: Import and Export

	Animal Identifier Number Farm Management #								Breed (ex.HO)	Date of Import/ Export				Province & Trailer License #				Reporting Premises (PID)				Import/Export Country Address				Event Type		
	1	2	4	0	0	0	0			D <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	D	M	M	Y	Y													<input type="checkbox"/>
1	1	2	4	0	0	0	0		D	D	M	M	Y	Y													<input type="checkbox"/>	<input type="checkbox"/>
2	1	2	4	0	0	0	0		D	D	M	M	Y	Y													<input type="checkbox"/>	<input type="checkbox"/>
3	1	2	4	0	0	0	0		D	D	M	M	Y	Y													<input type="checkbox"/>	<input type="checkbox"/>
4	1	2	4	0	0	0	0		D	D	M	M	Y	Y													<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge that all information reported is correct and that I'm an authorized user on this DairyTrace account.

Client Signature: _____

Date: _____