

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	1 2 4 0 0 0 0 0		D D M M Y Y				<input type="checkbox"/> Move-In	<input type="checkbox"/> Move-Out
2	1 2 4 0 0 0 0 0		D D M M Y Y				<input type="checkbox"/> Move-In	<input type="checkbox"/> Move-Out
3	1 2 4 0 0 0 0 0		D D M M Y Y				<input type="checkbox"/> Move-In	<input type="checkbox"/> Move-Out
4	1 2 4 0 0 0 0 0		D D M M Y Y				<input type="checkbox"/> Move-In	<input type="checkbox"/> Move-Out
5	1 2 4 0 0 0 0 0		D D M M Y Y				<input type="checkbox"/> Move-In	<input type="checkbox"/> Move-Out

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	1 2 4 0 0 0 0 0		D D M M Y Y				<input type="checkbox"/> Import	<input type="checkbox"/> Export
2	1 2 4 0 0 0 0 0		D D M M Y Y				<input type="checkbox"/> Import	<input type="checkbox"/> Export
3	1 2 4 0 0 0 0 0		D D M M Y Y				<input type="checkbox"/> Import	<input type="checkbox"/> Export
4	1 2 4 0 0 0 0 0		D D M M Y Y				<input type="checkbox"/> Import	<input type="checkbox"/> Export

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

Client Signature: _____

Date: _____

Questions? Contact DairyTrace Customer Services at Phone: 1-866-55-TRACE, Email: info@DairyTrace.ca, Fax: 519-756-3502

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