

Ministry of Agriculture and Food, and Ministry of Rural Affairs

Ontario Livestock Manifest











Manifest Number	
Date (yyyy/mm/dd)	
Time	

of Ontario	ONTARIO CATTLE FEEDERS ASSOCIATION	OLAMA	ALE	RS ASSOCIATE	Assoc	Time			
Agent/Purchaser									
Name						Premises ID			
Address									
			Postal Cod	le	Telephone Number				
1. Owner/Payee									
Name						Premises ID			
Address									
City/Town		Province Postal Code			Telephone Number				
Individual CCIA Tag Numbers Attached		Yes	No						
Tag/Lot/Pen Number Head Count		Species E		Breed Gender/Type		Colour	Other ID Trucking Rate		
Shipper - Only comple	ete if different fr	om Owner/Pay	ee 1		1			1	
Name						Premises ID			
Address									
City/Town		Province	Province Postal Cod		le	Telephone Number			
2. Owner/Payee									
Name						Premises ID			
Address									
City/Town		Province	Province		Postal Code		Telephone Number		
Individual CCIA Tag Numbers Attached		Yes	Yes		No				
Tag/Lot/Pen Number	Head Count	Species	В	reed	Gender/Type	Colour	Other ID	Trucking Rate	
Shipper - Only comple	ete if different fr	om Owner/Pay	ree 2	2		1			
Name						Premises ID			
Address						1			
City/Town		Province	Postal Code		le	Telephone Number			
Transporter									
Name									
Address									
		Province	ļ		Telephone Number				
Trailer License Number Truck License Number					Driver Name				
Receiver — This Secti	on Must be Co	mpleted by F	Rece	eiver					
Name						Premises ID			
Address				1					
			Province Postal Code			Telephone Number			
Date Received	Time Receiv	Time Received			Number of Head Received				
Comments									
Receiving Agent Name Receiver Signature				Transport Driver Signature					