

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:	

G.A.P. Certificate Information

G.A.P. Certificate Number:		Certificate Expiry Date:	
G.A.P. Step Level:	<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: