

**Live Transport Details to be completed by Farmer – MUST be completed at the time of drop-off  
(As required by Canadian Food Inspection Agency)**

**Last Name (please print)** \_\_\_\_\_ **First Name (please print)** \_\_\_\_\_

|                                        |                          |                            |                                                                                         |
|----------------------------------------|--------------------------|----------------------------|-----------------------------------------------------------------------------------------|
| Date of Feed Removal                   | Time of Feed Removal     | Date of Catch              | Time Catch Started                                                                      |
| Date of Water Removal                  | Time of Water Removal    | Date Catch Completed       | Time Catch Completed                                                                    |
| Floor Space Available (size of crates) | # of Birds/crate         | Number of Chickens Shipped | All Birds Fit for Transport<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Age of Birds                           | Average Live Bird Weight |                            |                                                                                         |

**Processor's Information: Lowbank Farms Ltd., 4510 Plank Road, Hagersville, ON N0A 1H0**  
**Scheduled Processing Time: Between 11:00 am to 1:00 pm**

|                            |
|----------------------------|
| <b>Weather Conditions:</b> |
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| <b>Comments:</b> |
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I confirm that I am the registered Family Food Grower and that to the best of my knowledge, the information contained on this Form 300 reporting form is complete, accurate and is issued in respect of the registered premises on which the chickens were produced. ☐ **I agree**

I confirm that the birds delivered for slaughter are healthy and if any drug(s) were used, the applicable drug withdrawal times have been observed. ☐ **I agree**

|                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| <b>Conveyance/container (crates) last washed and disinfected (mm/dd/yy and time) and place:</b> |
|-------------------------------------------------------------------------------------------------|

|                         |                        |                                                        |  |
|-------------------------|------------------------|--------------------------------------------------------|--|
| <b>Farmer Signature</b> | <b>Date (mm/dd/yy)</b> | <b>Truck/Trailer Province and License plate Number</b> |  |
|-------------------------|------------------------|--------------------------------------------------------|--|

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|---------------------------------------------------------------------------------------------------|
| <b>Name &amp; Address of Transporter (print) – if different from farmer &amp; farmer address:</b> |
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| <b>Name and Address of Shipper (print) – if different from farmer and farmer address:</b> |
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| <b>Name and Address of Consignee:</b> |
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I confirm that I am a representative of the Chicken Abattoir and accept the care for the chickens delivered as documented on the Form 300. ☐ **I agree**

|                                             |                                    |                        |                        |
|---------------------------------------------|------------------------------------|------------------------|------------------------|
| <b>Name of Representative</b>               | <b>Signature of Representative</b> | <b>Date of Arrival</b> | <b>Time of Arrival</b> |
| <b>Comments on condition of the chicken</b> |                                    |                        |                        |