

## 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, collection point, slaughter)</i>			
Destination name:			
Destination address:			
Contact Name:		Contact Phone:	

### Transport Information

Number of goats transported:		Number of mortalities:	
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:			

### 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 <input type="checkbox"/> Step 5+		
Standard number of any deviations granted: <i>(if applicable)</i>			

Notes: