CCIA
canadaid.ca
CANADIAN CATTLE IDENTIFICATION AGENCY

APPROVED TAG/ANIMAL INDICATOR QUALITY CONTROL FORM

Send completed form and samples of problem indicators
by email at info@canadaid.ca or fax to 403-275-1668
or by mail to 7171-107 Avenue SE Calgary, AB T2C 5N6

Please complete and print this form for each indicator-related complaint. When possible, send samples of problem indicators marked to the attention of Canadian Cattle Identification Agency's (CCIA) Client Support Team at 7171-107 Avenue SE, Calgary, Alberta T2C 5N6.

IMPORTANT NOTE: You may be contacted in the investigative follow-up process.

CLTS Account ID #	**A**

Name	Main Telephone
Alternate Telephone	Fax
Email	
Address	

1	Date of complaint (YYYY/MM/DD)
2	Name and organization of person receiving complaint (if not CCIA, directly) Name _____ Organization _____
3	***Species/Divisions*** ☐ Beef ☐ Goat ☐ Sheep ☐ Cervid ***Tag Type*** ☐ Button ☐ Leg Band ☐ Loop ***Breed /Specific*** ☐ Angus ☐ Gelbvieh ☐ Hereford ☐ Limousin ☐ Shorthorn ☐ Simmental
4	* **Type of livestock operation** ☐ Cow/Calf ☐ Feedlot ☐ Backgrounder
5	Where did you purchase the approved indicators? _____ Name _____ Location of retailer _____
6	***Brand/manufacturer** ☐ Allflex ☐ ComfortEar ☐ Destron ☐ Leader ☐ Shearwell ☐ Y-Tex ☐ Z Tags
7	* **Which brand of applicator was used to apply the approved indicator?** Type of applicator, if known _____ Colour of applicator _____
8	Date of purchase, if known (YYYY/MM/DD)
9	* **When were the indicators applied?** Calving Branding Weaning Date applied (YYYY/MM/DD)
10a	When was the indicator-related problem identified? ☐ In pasture/feedlot ☐ After shipping
10b	☐ Is the animal's ear torn (indicator ripped out)? ☐ Yes ☐ No ☐ If the ear is not torn, is there just a hole left? ☐ Yes ☐ No
11	* **Which approved indicator numbers were affected?**

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ENVIRONMENTAL FACTORS

Temperatures	☐ °F ☐ °C	**Observations**	**How Long?**
Extreme cold – estimated maximum low, if known			
Extreme heat – estimated maximum high, if known			
Average high for region, if known			
Average low for region, if known			

Ultra-violet Light Exposure (Sun Exposure)

Estimated level ☐ High ☐ Medium ☐ Low

Seasonality (please check one) ☐ Spring ☐ Summer ☐ Fall ☐ Winter

Site-related Factors

Fence type? (e.g., barbed wire, smooth, wood picket)

Are feeders used? ☐ Yes ☐ No

Type of feeder used?

Other (e.g., baling twine at site, etc.)

Herd Management Practices

Is there a parasite / lice control program used? ☐ Yes ☐ No

Please describe any other herd management practices of note.

Livestock Operator Observations *(Additional Comments)*

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CCIA Staff Observations *(Internal Use Only)*

Investigative Outcomes *(Internal Use Only)*			
Item	Description and Notes	Follow-up	Investigative Outcomes Action-Required Date?
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Follow-up Conducted *(Internal Use Only)*		
At site	☐ Yes ☐ No	
By telephone	☐ Yes ☐ No	
Other	☐ Yes ☐ No	

**Note: Will provide key information for evaluation*

Action approved by

Name _____ Date _____
YYYY/MM/DD

Signature _____

By submitting this form, **I certify**, to the best of my knowledge and ability, that the information provided on this form is complete, true and correct. **I consent** to the use and disclosure of the information provided on this form by Canadian Cattle Identification Agency for the purposes indicated on this form; to update my Canadian Livestock Tracking System database account; to contact me to either confirm the information I have provided; for follow up; and/or for regulatory reporting required under Part XV of the *Health of Animals Regulations* (C.R.C., c.296) or reporting to the relevant authorities; where required. **I acknowledge** that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the confidentiality and disclosure provisions of applicable privacy legislation.