

MINUTES

SEIZURE DESTRUCTION CONFISCATION

pursuant to: Animal Health Protection Act (chapter P-42, s. 55.15)
 Marine Products Processing Act (chapter T-11.01, s. 45, par. 5) Other Act

Name and address of person in charge	Report No.
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A- REASONS FOR ACTIONS TAKEN

Considering the offence report No. _____ drawn up on _____
 seizure minutes bearing the same number and date
 analysis report No. _____ dated _____
 judge's or court's order to destroy or confiscate dated _____
 notice to destroy mentioned in minutes No. _____ dated _____

Concerning _____
(name and address of person concerned)

B- NATURE OF ACTIONS TAKEN

I seized from I gave the notice to destroy to I confiscated from

(Name and address of the person who must destroy or from whom items have been seized or confiscated)

on

Y	M	D
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, at _____ o'clock, the following products , animals , objects , equipments or vehicles:

on the grounds of the offence report , seizure minutes , analysis report , order , notice of destruction , or any other reason indicated in A.

C- DESTRUCTION UNDER SUPERVISION OR CONFISCATION IN CASE OF REFUSAL

The following objects have been destroyed under my supervision: _____

 I confiscated the following items because the possessor , owner or custodian refused to destroy them:

D- SEIZURE OR CONFISCATION SLIPS

I affixed to those products , animals or lots , seizure or confiscation slips, bearing the numbers:

I entrusted custody of the seized item, in accordance with the Act, to _____
(name and address of owner, possessor or custodian)
 who cannot dispose of it or allow it to be removed without the consent of an authorized person.

E- OTHER OBSERVATIONS

Made in triplicate at _____ Given to _____
(place) Document(s) attached

SIGNATURES

I have personally observed the facts and taken the actions mentioned in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	I have personally observed the facts and actions mentioned in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						
Authorized person	Authorized person						
Surname and given names (in block letters)	Surname and given names (in block letters)						
Authorized person's No. or position <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; text-align:center">Y</td><td style="width:20px; text-align:center">M</td><td style="width:20px; text-align:center">D</td></tr></table>	Y	M	D	Authorized person's No. or position <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; text-align:center">Y</td><td style="width:20px; text-align:center">M</td><td style="width:20px; text-align:center">D</td></tr></table>	Y	M	D
Y	M	D					
Y	M	D					
Signature	Signature						

(Form prescribed by regulation to be used as documentary evidence)