

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 form                       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

 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; vertical-align:middle;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Y	M	D							Authorized person's No. or position <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Y	M	D						
Y	M	D																	
Y	M	D																	
Signature	Signature																		

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