

Canadian
Cattle
 Identification
 Agency




www.canadaid.ca

1. Please print and complete the following form for each tag related complaint.
2. Wherever possible, please collect and forward tags by mail to the CCIA Office.
 218, 6715 - 8th St. NE, Calgary, AB T2E 7H7

3. All forms should be forwarded to the attention of Cindy Berkiw. Forms can be mailed with the tags in question at the address above, or faxed to 403-275-1668.

Note: Producers may be contacted by CCIA for investigative follow-ups.

Item	Description & Notes	Observations
Producer Name:		Phone#:
Fax#:		E mail Address:
Producer location (Nearest town, and province):		
1	Date of complaint	
2	Name and organization of person receiving complaint (if applicable)	
3	CCIA account number	
5	* Type of producer operation	
6	Tags purchased from dealer (store)	
7	* Tag manufacturer (if known)	
8	* Tag applicator used	
<input type="radio"/> Type of applicator (if known)		<input type="radio"/> Colour of applicator
9	Tag purchase date (if known)	
10	Tag numbers affected by complaint issue (if known)	
11	* When were the cattle tagged? <input type="radio"/> Calving <input type="radio"/> Weaning <input type="radio"/> Branding	
<input type="radio"/> Other (please describe)		

* Note: Will provide key information for evaluation.

12	When was the tag related problem identified?
<input type="radio"/> In pasture/feedlot	
<input type="radio"/> After shipping	
<input type="radio"/> Is the animal's ear torn (tag ripped out)? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> If the ear is not ripped is there just a hole? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Other	

Environmental Factors

Temperatures	°F / °C	Observations
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 H M L

Seasonality (Spring / Summer / Fall / Winter) SP SU FA WN

Site-related Factors

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

Are feeders used?

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

Other Herd Management practices of note?

Producer Observations (Additional Comments)

CCIA Staff Observations *(Internal Use Only)*

Investigative Outcomes *(Internal Use Only)*

Item	Description & Notes	Investigative Outcomes

Investigative Outcomes *(Internal Use Only)*

Item	Description & Notes	Follow-up	Investigative Outcomes Action Required Date?
		<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	

Follow up Conducted *(Internal Use Only)*

At site	<input type="radio"/> Yes <input type="radio"/> No	
By phone	<input type="radio"/> Yes <input type="radio"/> No	
Other	<input type="radio"/> Yes <input type="radio"/> No	

Action approved by:

Name: _____ Date: _____

Signature: _____