

Clee Tompkinson & Francis

3 Kings Road

Llandovery

Carms. SA20 0AW

Tel: 01550 720440

Email: llandovery@ctf-uk.com

Date of sale:

Date TB Test Commenced

OFFICIAL ENTRY FORM FOR STORE CATTLE AND FEEDING BULLS

LOT NUMBER	OFFICIAL EAR TAG No	BREED	SEX S = Steer H = Heifer B = Bull	DATE OF BIRTH	FARM ASSURED (delete as applicable to each animal)
				/ /	Yes No
				/ /	Yes No
				/ /	Yes No
				/ /	Yes No
				/ /	Yes No
				/ /	Yes No
				/ /	Yes No
				/ /	Yes No
				/ /	Yes No
				/ /	Yes No
				/ /	Yes No
				/ /	Yes No

MEDICINE TREATMENTS ADMINISTERED	
Date Administered	
Withdrawal Period	

Name: _____
Address: _____

Postcode: _____
Tel No: _____
Mobile No: _____

Vehicle Registration Number(s) A	
Name of Haulage Company (if applicable) B	
Drivers Names & Address: (If different to B) C	

YOUR ATTENTION IS DRAWN TO THE IMPORTANT DECLARATION OVERLEAF

DECLARATION

THIS DECLARATION MUST BE COMPLETED BY THE KEEPER/OWNER OF THE ANIMALS, AFTER CHECKING WITH THE ANIMAL MOVEMENT RECORDS, WHICH HE/SHE IS REQUIRED TO MAINTAIN UNDER EXISTING LEGISLATION.

FOOD CHAIN INFORMATION DECLARATION

- The holding is not under movement restrictions for bovine Tuberculosis (TB)
- Cattle on the holding are not under movement restrictions for other animal disease or public health reasons (excluding a 6-day standstill)
- Withdrawal periods have been observed for all veterinary medicines and other treatments administered while on this holding and previous holdings.
- To the best of your knowledge the animals are not showing signs of any disease or condition that may affect the safety of meat derived from them.
- No analysis of samples taken from animals on the holding or other samples has shown that the animals in this consignment may have been exposed to any disease or condition that may affect the safety of meat or to substances likely to result in residues in meat.
- I am the person responsible for the care and control of the animals to be moved and have responsibility for maintaining records relating to their movements
- That the movement complies with the relevant general licence

FARM ASSURANCE DECLARATION FORM TO BE COMPLETED BY VENDORS

If the livestock you are selling are from a holding which is currently farm assured, please complete the following information.

Affix current
Farm
Assurance
sticker here.

Expiry Date _____

PLEASE MAKE SURE DATE HAS NOT EXPIRED.

LIVESTOCK FOR SLAUGHTER

Have the animals you are selling been on your farm assured holding (or a series of farm assured holdings) for the required assurance residency period? (delete as appropriate).

Cattle - 90 days Yes/No/Some of those entered for sale

Sheep - 60 days Yes/No/Some of those entered for sale

Failure to affix a sticker and complete the above information (as appropriate) will result in the animals being classed as Non Farm Assured at the time of sale.

It is the responsibility of the vendor to provide true and complete details regarding Farm Assurance. In the case of the Farm Assurance details provided by the vendor being incomplete or incorrect, the purchaser of the lot(s) may at their discretion lodge a claim, in which case the vendor may be liable.

I declare that the Farm Assurance details I have included on this form at the time of signing are true and correct.

Signed: _____ Print Name: _____

Date: _____