

VERY IMPORTANT. To comply with customer and legal requirements ALL fields must be completed in full. Incomplete forms will result in a £20 administration charge and loss of premiums, or rejection of livestock.

LIVESTOCK FOOD CHAIN INFORMATION and MOVEMENT FORM

Jim Ford : 07774 283382 - Jim Gibb : 07971 855516 - John Kerr : 07584 056778 - Heathfield Abattoir: 01292 611692

Movement date		Quantity - if mixed please record distinguishing mark	UTM	OTM	SFQC assurance no. or sticker
Name, Address & Holding Number (insert bar code label)					
		Phone / Mobile			
		Email / Fax			

MUST BE SIGNED AND COMPLETED OR CATTLE WILL BE REJECTED

Is the holding under movement restriction for bovine tuberculosis Tick box YES NO

KEEPER'S SIGNATURE _____ KEEPER'S NAME _____

Cattle on holding are not under movement restrictions for other animal disease or public health reasons (*excluding 13 day standstill*)
 Withdrawal periods have been observed for all veterinary medicines/other treatments administered to these animals whilst on this holding and previous holdings.

To the best of my knowledge these animal are not suffering from any disease or condition that may affect the safety of meat derived from them. No analysis of samples taken from animals on the above holding or other samples have 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.

PLEASE NOTE: EAR TAGS MUST BE COMPLETED OVERLEAF OR ON ATTACHED LIST

IF ANY OF THE ANIMALS OVERLEAF DO NOT FULFIL ALL THE STATEMENTS ABOVE, TICK THIS BOX AND PROVIDE ADDITIONAL INFORMATION OVER LEAF

1. ALL cattle must be accompanied by their passport and cts where applicable.
2. All cattle must be tagged to satisfy current legislation. If presented with an incorrect passport or tag(s), an offence has been committed and the carcass will NOT be passed for human consumption.
3. ALL cattle must be presented with clean (clipped if necessary) belly, brisket, legs, flanks and hips to FSA Cleanliness Standard score 1 or 2. If not charges will be incurred or animals may be disposed of.
4. To qualify as SCOTCH, cattle must be Farm Assured in Scotland from birth. To qualify for CERTIFIED ABERDEEN ANGUS premia, cattle must fall into target grades and Full Registered Angus Sire details must be completed when cattle are presented at abattoir.
5. If cattle in the consignment overleaf are both UTM and OTM please mark with a distinguishable mark, record above or separate different age bands before delivery.
6. I declare that none of the cattle in the consignment stated overleaf are either cloned or progeny of cloned cattle.
7. I declare that none of the cattle in the consignment stated overleaf have been treated with a Cephalosporin or Fluroquinolone antibiotic.

Declarations: I hereby declare that I am the owner/owner's agent of the cattle described overleaf. By signing above I agree to, that to the best of my knowledge these particulars are true and complete. Further, I declare that I have read and understood the notes above.

Haulier			
QMS Haulier No		Driver Cert. of Competence No	
Vehicle Reg No		Trailer No	
Load time		Abattoir Arrival time	
Address of loading if different from consignor's address			
Vehicle Wash – AKS / HOME / MART (state which market)			
If not washing at AKS, I confirm that the above vehicle will be fully cleansed and disinfected as soon as is reasonably practical within 24 hours of unloading			
I confirm that the animals were clean and fit to travel when loaded			
Drivers Name			
I agree to the conditions stated above			
Drivers Signature :			

HFR STR Y Bull COW	DATE OF BIRTH	OFFICIAL EAR TAG No	<u>PLEASE NOTE</u>	
			ABERDEEN ANGUS PREMIUM WILL ONLY BE PAID IF REGISTERED SIRE DETAILS ARE COMPLETED LEGIBLY, IN FULL BELOW	
			ABERDEEN ANGUS SIRE NAME AND EAR TAG NUMBER	

ADDITIONAL FOOD CHAIN - ALL animals not fulfilling statements overleaf

Identification of animal – or attach list	Describe the disease or condition
Record any medicines with a withdrawal period greater than zero administered within last 60 days	
Name of medicine	
Date of administration	
Withdrawal period	