

Issue No.: 3
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LIVESTOCK FOOD CHAIN INFORMATION and MOVEMENT FORM

John Kerr: 07584056778 - Jim Gibb: 07971855516 - Jim Ford: 07774283382 - Heathfield Abattoir: 01292 611692

Movement date		Quantity – if mixed please record	UTM	ОТМ
Name, Address & Holding Number (insert bar code label)		distinguishing mark		
		Phone / Mobile		
		Email / Fax		
Farm Assurance		VAN		
Number		Vet Attestation Number		

Is the holding under movement restriction for bovine tuberculosis Tick box

NO

YES

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 holding.

To the best of my knowledge these animals 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. 2.	All cattle must be accompanied by their passport. All cattle must be tagged to satisfy current legislation. If	Haulier		
	presented with an incorrect passport or tag(s), an offence	QMS	Driver Cert. of	
	has been committed and the carcase will NOT be passed for human consumption.	Haulier No	Competence No	
3.	All cattle <u>must</u> be presented with clean (clipped if necessary) belly, brisket, legs, flanks and hips to FSA	Vehicle Reg No	Trailer No	
	Cleanliness Standard score 1 or 2. If not charges will be incurred.	Load time	Abattoir Arrival time	
4.	To qualify as <u>SCOTCH</u> , cattle must be QMS Farm Assured from birth.	Address of loading if different from consignor's address		
5.	To qualify for <u>CERTIFIED ABERDEEN ANGUS</u> premia, cattle must fall into target grades and Full Registered Angus Sire			
~	details must be completed overleaf.	Vehicle Wash – AKS / HOME / MART (state which market)		
6. -	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.	If not washing at AKS, I confirm that the above vehicle will be fully cleansed and disinfected as soon as is reasonably practical within		
7.	I declare that none of the cattle in the consignment stated overleaf are either cloned or progeny of cloned cattle.	24 hours of unloading		
8.	I declare that none of the cattle in the consignment stated	I confirm that th	e animals were clean and fit to travel when loaded	
0.	overleaf have been treated with a Cephalosporin or Fluroquinolone antibiotic.	Drivers Name		
9.	Please ensure <u>ALL</u> cattle are over 12 months.	I agree to the conditions stated above		
Declarations: I hereby declare that I am the		Drivers Signature:		

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.



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A K Stoddart Ltd 16 Dunnet Way East Mains Industrial Estate Broxburn, Edinburgh EH52 5NN T: 01506 858800 F: 01506 857750 www.akstoddart.co.uk

Please ensure ALL cattle are over 12 months.

HFR	DATE			PLEASE NOTE ABERDEEN ANGUS PREMIUM WILL ONLY BE		
STR Y Bull	OF	OFFICIAL EAR TAG No	PAID IF REGISTERED SIRE DETAILS ARE COMPLETED LEGIBLY, IN FULL BELOW			
COW	ЫКІП		AA SIRE'S NAME	AA SIRE'S EARTAG NUMBER		
				L FOOD CHAIN		
			animals not fulf	illing statements over		
Official Eartag Number				Describe the disease or c	ondition	
Dooor	d any ma	diainaa	vith a withdrawal sa	riad areator than take adm	inictored within lest	
Record any medicines with a withdrawal period greater than zero administered within last 60 days						
Name of medicine						
Date of administration						
Withd	Withdrawal period					