

FINISHED CATTLE RING FOR TESTED CATTLE or 3 & 4 YEAR TEST HOLDINGS V.2010

**NAME & ADDRESS
AFFIX
YOUR PASSPORT
STICKER HERE**

HAULIER
REG NO
VENDOR COMPUTER NO
VENDOR CONTACT TEL NO (Very important)
..... MOBILE

Payment Address if different

FABBL
 NUMBER
 AFFIX
 STICKER
 HERE
 Animals must
 have been on
 a FABBL
 holding for 90
 days

HOLDING NUMBER FROM WHICH CATTLE MOVED (IF DIFFERENT)							DATE CATTLE MOVED FROM HOLDING		
LOT NO	OFFICIAL EAR NO	DATE OF BIRTH	BREED	TYPE Cow, Hfr, Steer, Bull	REMARKS	WEIGHT	PRICE	TOTAL VALUE	BUYER

ALL CATTLE MUST BE BORN AFTER 31st JULY 1996
THE ANIMALS LISTED ON THIS FORM ARE DEEMED 'SOLD FOR SLAUGHTER' AND ARE WARRANTED FIT FOR HUMAN CONSUMPTION
UNDER THE FOOD SAFETY ACT 1990

DECLARATION AND FOOD CHAIN INFORMATION

- 1. I hereby declare that I am the owner/owner's agent of the animal(s) described above and that to the best of my knowledge the particulars shown on this form are true and complete.*
- 2. I agree to be bound by the Conditions of Sale as displayed in the auctioneers office.*
- 3. I further declare that the animals are correctly marked with readable Official Ear Tag Nos and that double tags are matching and that any Passport relating to these lot nos are correctly matched.*
- 4. The holding is not under movement restriction for Bovine Tuberculosis (TB).*
- 5. Cattle on the holding are not under movement restrictions for other animal disease or public health reasons.*
- 6. Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals whilst on this holding and previous holdings.*
- 7. To the best of my knowledge the animals are not showing signs of any disease or condition that may affect the safety of meats derived from them.*
- 8. 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 the meat.*

Tel No 01722 321215

My TB testing interval is Months

These cattle were tested clear for TB on

.....
SIGNED **NAME**

DATE

*** If the animals do not fulfil all the statements on this form tick this box and provide additional information on an attached document.
 Please note all animals must be fit to travel.



