

**FINISHED CATTLE RING FOR UNTESTED CATTLE from 1 & 2 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 31<sup>st</sup> 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 last 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.



