STORE CATTLE BOOKING FORM
MARKET ……

DATE OF SALE ……..

NAME & ADDRESS PLEASE AFFIX YOUR PASSPORT STICKER HERE

HAULIER ……

REG NO ……

VENDOR COMPUTER NO ……

VENDOR CONTACT TELEPHONE NO …….

MOBILE NUMBER ……..

ADDRESS FOR PAYMENT (IF DIFFERENT) ……

……..

Other details – ie worming dates, BSE free holding, sires names, outwintered, treatments etc

Reserve prices
BTV The cattle on this form were vaccinated against BTV on
First injection …… Second injection …….

PLEASE DO NOT WRITE BELOW, COMPLETE YOUR ANIMAL DETAILS OVERLEAF

Lot Nos	No in Lot	Breed	Sex	Age	Reserve	Price	Total	Buyer

Lot No	Official herd no	Tag no	Breed	Steer, Bull, heifer	Date of Birth

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 and I agree to be bound by the Conditions of Sale as displayed in the auctioneers office.

2. I 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.

3. The holding is not under movement restriction for Bovine Tuberculosis (TB) and I give the Auctioneers the authority under data protection legislation to verify TB status with DEFRA if necessary. Cattle on the holding are not under movement restrictions for other animal disease or public health reasons.

4. Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals whilst on this holding and previous holdings and 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 and 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.

My TB testing interval is ……. Months. **Name …….**

These cattle were last tested clear for TB on …… Signed ……

If any of the animals listed do not fulfil all the statements on this form tick this box ☐
and provide additional information in the space provided on the front of this form or on an attached document. Please note all animals must be fit to travel.

The animals listed on this form have been moved in accordance with the rules of the General Licence and the 6 Day Standstill Period.