

CALF – SALE ENTRY FORM/FOOD CHAIN INFORMATION

Producer Trading Name, Address & Mobile Contact Number						Affix Farm Assurance sticker here	FA No: Expiry date:	
TB Status (please circle) 4 year 3 year 2 year 1 year								
Lot No.	Ear No	FA Y/N	Exact Date of Birth	Breed	Bull/Heifer	Office Use Only		
						Tags	Other	

If you have more than 5 calves please use continuation sheet over the page

Date of Birth will be announced at the time of sale.
DECLARATION:
 (a) that the information regarding the ear number, breed, holding from which moved and holding number are correct.
 (b) that the information regarding the date of birth is correct according with each passport supplied, and the records maintained by me .
 I hereby declare that I am the owner /owner's agent of the animal/animals described above and that to the best of my knowledge the particulars shown on this form at the time of signing are true and complete. I further declare that the Auction Lot Numbers are correctly matched with the Official Ear Tag Number.
 I acknowledge that as the producer on whose holding the above mentioned calves were born, a duly authorized officer of a Statutory Body has the right to enter my holding and to examine such records as appear appropriate to verify details given in respect of these calves.
 Calves must **NOT** have been on a holding within the previous 180 days on which there has been a TB reactor, there is an inconclusive reactor case still unresolved, or is subject to any other TB related restrictions, at the time of departure. They must not be subject to any BSE related restrictions; they must be from a herd that is Brucellosis free and EBL free.
 (i). Calves under 7 days of age or with a wet or unhealed navel shall not be sent to market
 (ii). Calves under 12 weeks old shall not be sent to market more than twice in previous 28 days

Address from which cattle moved from: (please fill in details or attach your Bar Code Label)
 Post code:
 Holding No./...../.....

Address of premises to which moved:
SKIPTON AUCTION MART, GARGRAVE ROAD, SKIPTON
48/832/0024
 Date of movement/sale:

Name and Address of Haulier:	Vehicle Registration
Haulier Assurance Number:	

DECLARATION: I hereby declare that:
 (a). I am the owner/owner's agent of the animal(s) within this consignment and that to the best of my knowledge the particulars shown on this form are true and complete. I further declare that the Auction Lot Numbers are correctly matched with the Official Ear Tag Number and that any CID(s)/ Passports relating to these lot numbers are correctly matched.
 (b) The stock comes directly from a farm which has had no movement of FMD-susceptible animals onto it in the 6 days prior to the market, other than the permitted exceptions
 (c) That the movement complies with the relevant general licence.
 (d) I have examined the stock and have seen no signs of FMD or any other notifiable disease.

All vendors please note, if you are not cleansing your vehicle at the market you must complete a 'Undertaking to Cleanse and Disinfect Vehicle' Form. Please tick this box if you will be completing one of these forms.

I have read and understood all the information on this form. All the information I have completed is correct to the best of my knowledge.
 Signed: Date.....
 Print:

FOOD CHAIN INFORMATION FOR CALVES (PLEASE SEE REVERSE)

Continuation sheet

Lot No.	Ear No	FA Y/N	Exact Date of Birth	Breed	Bull/Heifer	Office Use Only	
						Tags	Other

FOOD CHAIN INFORMATION TO ACCOMPANY CALVES (less than 8 months old)

Total number of calves in consignment

Veterinary surgeon responsible for the holding

Name	
Practice address	
Postcode	
Telephone	
e-mail	

1. Have withdrawal periods for veterinary medicines and other treatments been met?	YES	NO
2. Have any calves in the consignment been treated with any veterinary medicinal products or other treatments in the past 28 days? If 'yes', please provide details on additional document.	YES	NO
3. Are any calves showing signs of abnormality? If 'yes', please provide details on additional document.	YES	NO
<i>Tuberculosis</i> 4. Are any of the calves a Reactor or Inconclusive Reactor to the TB test? If 'yes', relevant movement forms must be provided.	YES	NO
5. Is the holding under a TB restriction order? If 'yes', movement forms, if required, must be provided.	YES	NO
6. Is the holding or area under restrictions for animal health (other than TB) or other reasons? If 'yes', please provide details on additional document.	YES	NO
7. Has any analysis of samples shown that any animal may have been exposed to substances likely to result in residues in meat? If 'yes', please provide details on additional document.	YES	NO

Veterinary medicinal products or other treatments administered to calves in the consignment

Ear tag number			
Name of medicine or product			
Date of administration			
Withdrawal period			
Reason for administration			

Details of any calves showing signs of abnormality?

Ear tag number			
Description of abnormality			

Details of holding or area restrictions for animal health or other reasons?

Slaughterhouse operator and Official Veterinarian must be informed before calves are transported to slaughterhouse.

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Details about analysis of samples that have shown that any animal may have been exposed to substances likely to result in residues in meat?

Slaughterhouse operator and Official Veterinarian must be informed before calves are transported to slaughterhouse.