

LANCASTER AUCTION MART

Wyresdale Road, Golgotha, Lancaster, LA1 3JQ
Tel: 01524 63308 Fax: 01524 69779

KENDAL AUCTION MART

Appleby Road, Kendal, Cumbria, LA9 6ES
Tel: 01539 720603 Fax: 01539 740037

SALE DATE:

Holding No. (from where calves moved)

...../...../.....

(Please complete)

TRADING NAME:

Postal Address

Post Code Vehicle Reg. No.....

AUCTION LOT No.	OFFICIAL EAR TAG No	BREED	B = Bull S = Steer H = Heifer	DATE OF BIRTH to be over 7 days old	FARM ASSURED Yes or No	Eligible for Slaughter Yes or No

BOVINE T.B. Please indicate by ticking the appropriate box which Testing Period for T.B. applies to the Holding. Animals over 42 days old & from a 1-2 Year test holding must have been tested negative within the previous 60 days of the sale & a copy of the relevant test certificate must be provided.

1-2 Years	3-4 Years

Number of Calves in this consignment

If the 1-2 Year Testing Period Applies Please State How Many Days Remain on the Test

Date of Test

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

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

Vet responsible for the holding: Name

Address

..... Tel: No.....

Keepers signature

Date:

Print Name.....

ALL Farm Assurance sections must be completed on this form or we cannot mark your animals as Farm Assured.

1. Place your Farm Assurance sticker in the space provided.
2. Delete as applicable Yes or No in the Farm Assured column for each individual animal listed on this form (although you may be farm assured each animal is not necessarily classed as Farm Assured unless it has met with the criteria of the respective schemes). Failure to indicate to us the status of each animal will result in the animal being classed as Not Farm Assured.

NB. It remains the responsibility of the Vendor to provide true and complete details regarding Farm Assurance. In the case of any details being incomplete or incorrect the purchaser of the Lot(s) may, at their discretion, lodge a claim, in which case the vendor will be liable for all costs incurred.

I hereby declare that I am the owner / keeper of the animal(s) listed on this form and that to the best of my knowledge the particulars shown on the form are true & correct. I further declare that the auction lot numbers are correctly matched with ear tag numbers & that any passports relating to these lot numbers are correctly matched. Also that the Farm Assurance status, membership number's and expiry dates are correct.

Please Place Your
Farm Assurance
Sticker Here

I certify that all the information given on this form is correct to the best of my knowledge.

Signed
(Owner / Keeper)

Date:.....