

LANCASTER AUCTION MART

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

CATTLE ENTRY FORM

KENDAL AUCTION MART

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

SALE DATE:

Holding No. (from where cattle moved)

...../...../.....
(Please complete)

TRADING NAME:

Postal Address

..... Post Code Vehicle Reg. No.....

Please also complete the **FARM ASSURANCE & BLUETONGUE** sections on the back of this form.

AUCTION LOT No.	OFFICIAL EAR TAG No	BREED	S = Steer H = Heifer B = Bull C = Cow	DATE OF BIRTH	MONTHS OLD	FARM ASSURED	
						delete as applicable for each animal	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	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
<input type="checkbox"/>	<input type="checkbox"/>

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

FOOD CHAIN INFORMATION FOR CATTLE

DECLARATION Requirement by LAW as from 1st January 2010

The holding **is not** under movement restriction for bovine Tuberculosis (TB)*

OR The holding **is** under movement restriction for bovine Tuberculosis (TB)* *** delete one**

Cattle on the holding are not under movement restrictions for other animal disease or public health reasons (excluding a 6-day standstill).

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

To the best of my knowledge the animals are not showing signs of any disease or condition that may affect the safety of meat derived from them.

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 meat.

Keeper's signature

Print Name

Date

If the animals do not fulfil all the above statements, tick this box and provide additional information on an attached document

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 of / 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.

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

Signed
(Owner / Keeper)

Date:.....

BLUETONGUE VACCINATION - DECLARATION

Please complete the declaration which applies to the cattle listed on this entry form.

Declaration 1.

I, the undersigned, being the keeper/owner of the animals individually listed on the front of this entry form confirm that these animals have been vaccinated as follows:

Vaccinated with
(please supply name of vaccine)

Vaccinated Once Twice or Three Times
(please tick appropriate Box)

First Dose of Vaccine administered on
(Date)

Second Dose of Vaccine administered on
(Date)

BOOSTER DOSE on
(Date)

Signed

Date:

Declaration 2 - NOT VACCINATED

I, the undersigned, being the keeper/owner of the animals individually listed on the front of this entry form confirm that these animals have **NOT** been vaccinated against Bluetongue.

Signed Date: