

**CATTLE  
ENTRY FORM**

**Holding No.**

(from where cattle moved)

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

**TRADING NAME:** .....

**Postal Address** .....

.....**Post Code:**.....

**Email Address:** .....

**Telephone Number :**..... **Mobile** .....



AUCTION LOT No.	OFFICIAL EAR TAG No	BREED	S = STR H = HFR B = Bull C = Cow	DATE OF BIRTH	MONTHS OLD	FARM ASSURED Y/N	BOVINE TB 1 YR OR 4 YR

**BOVINE T.B.** Animals over 42 days old & from a 1 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.

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

How many  
days remain?

**DATE OF INJECTION/TEST:** .....

**Name & Tel No. Of Vets**.....

**Date of Last Routine Herd Test** ...../...../.....

**If the herd has ever had a TB Breakdown, What date was the herd official TB Free** ...../...../.....

**Please ensure that all sections of this form are completed.  
Food Chain Declaration & Farm Assurance on reverse page**



## 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**

**\* TICK AS APPROPRIATE**

The holding **IS** under movement restriction **for bovine Tuberculosis (TB)\*** ☐

- 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 on the front page.
2. State 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.

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

**Signed** .....  
(Owner / Keeper)

**Date:**.....

**Failure to complete this form and submit it with passports prior to the sale may result in a reduction in the value of your stock.**