

CALF ENTRY FORM

THIS FORM **MUST** ACCOMPANY ALL CALVES TO MARKET (please complete a separate white form for all other Cattle)

IT IS THE VENDOR'S LEGAL RESPONSIBILITY TO ENSURE THAT THIS FORM IS COMPLETED IN **FULL** AND THAT **ALL** INFORMATION IS CORRECT, AND THE AUCTIONEERS HAVE **NO** LEGAL RESPONSIBILITY FOR THE CORRECTNESS OF THE INFORMATION SUPPLIED

VENDOR DETAILS

Name:

Date of Movement:

Address:

TB Test Date:

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Vehicle Reg. No:

Tel. No:

**Truro Livestock Market,
Newquay Road, Truro TR1 1RH
Holding No: 07/219/8000**

Holding No:/...../.....

Haulier Name:

Haulier Assurance No:

**FARM
ASSURANCE
STICKER**

PLEASE NOTE: ALL CALVES AGED 42 DAYS OR OVER MUST HAVE BEEN TB TESTED WITHIN 60 DAYS. IT IS ESSENTIAL THAT YOUR VEHICLE/LORRY AND LIVESTOCK CONTAINER/TRAILER IS CLEAN AND IN GOOD REPAIR. IT IS ALSO IMPERATIVE THAT YOUR CLOTHING IS CLEAN AND YOU HAVE CLEAN FOOTWEAR THAT CAN BE DISINFECTED I.E. RUBBER WELLINGTON BOOTS. YOU RISK BEING TURNED AWAY FROM THE MARKET IF YOU DO NOT COMPLY.

DECLARATIONS

1. I hereby declare that I am the owner/owner's agent of the animal(s) described overleaf and that to the best of my knowledge the particulars on this form at the time of signing are true and complete.
2. There has been no movement of FMD susceptible animals onto the PREMISES OF DEPARTURE WITHIN THE LAST 6 DAYS.
- either* 3. I further declare that the Auction Lot Numbers are correctly matched with Official Ear Tag Numbers and that any PASSPORTS relating to these Lot Numbers are correctly matched.
- or* 4. I authorise the Auctioneers to act on my behalf, without any responsibility attached to this action, in respect of Lot Numbers, Ear Tag Numbers or PASSPORTS.
5. None of the calves are the progeny of a dam in which Bovine Spongiform Encephalopathy is suspected or has been officially confirmed.
6. None of the calves are from a herd in which there is/has been present a case of Enzootic Bovine Leukosis notified and confirmed in the last 3 years.
7. The calves come from an officially Tuberculosis free and officially Brucellosis free bovine herd which is not subject to official movement restrictions.

SIGNED: **DATE:**

CALF DETAILS

LOT NO.	EAR TAG NO.	BREED/PEDIGREE SIRE NAME	SEX	DATE OF BIRTH	TB TESTED ✓

PEDIGREE SIRE DETAILS: PLEASE STATE THE NAME OF THE PEDIGREE SIRE FOR ABERDEEN ANGUS/HEREFORD X CALVES

FOOD CHAIN INFORMATION FOR SLAUGHTER CALVES – DECLARATION

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

Cattle on the holding are not under movement restrictions for other animal diseases 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.

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

SIGNED: **DATE:**