



HARRISON & HETHERINGTON

OFFICIAL ENTRY FORM FOR PRIME CATTLE & PRIME BULLS CAST COWS & CAST BULLS

Borderway Mart, Carlisle, Cumbria CA1 2RS Tel: 01228 406200 Fax: 01228 406201 Email: info@borderway.com www.harrisonandheterington.co.uk

This Form Must Accompany All Animals to the Market

DATE OF SALE:

Table with 6 columns: LOT NUMBER, OFFICIAL EAR No., BREED, STEER HEIFER BULL, DATE OF BIRTH, ADDITIONAL INFORMATION. Includes a date of sale box at the top right.

FARM ASSURANCE STATUS

If the livestock you are selling are from a holding which is currently farm assured, please complete the following information.

Affix current farm assurance sticker here

FA Number or complete Expiry Date

Livestock for slaughter Have the animals you are selling been on your farm assured holding... YES NO Some of those entered for sale

Failure to affix a sticker and complete the above information (as appropriate) will result in the animals being classed as non Farm Assured at the time of sale.

It is the responsibility of the vendor to provide true and complete details regarding Farm Assurance. In the case of any Farm Assurance details provided by the vendor being incomplete or incorrect, the purchaser of the Lot(s) may at their discretion lodge a claim, in which case the vendor may be liable.

If NOT Farm Assured, please state your VAN (Veterinary Attestation Number)

All animals presented for a Primestock Sale / Primestock Collection MUST either be Farm Assured or come from a valid VAN holding.

HOLDING No. NAME ADDRESS TEL/MOBILE NO. Postcode E-MAIL: (optional)

THE REVERSE OF THIS FORM MUST BE COMPLETED & SIGNED (CATTLE WILL NOT BE PROCESSED WITH INCOMPLETE FORMS)

TB STATUS

Please complete ALL the following questions:-

1. Are you currently subject to a yearly or 3km surveillance test?

YES NO

If YES indicate date of pre-movement test:-
(For cattle over 41 days of age, if you are subject to the above you must show evidence of a negative test within the last 60 days for each animal).

Date

2. Date of your last routine herd test?

Date

3. Has your herd ever had a TB breakdown?

YES NO

If YES, the date your herd achieved official TB Free (OTF) status:

Date

BVD DECLARATION

Category	Standard	Please indicate category
BVD Category 1: BVD certified negative	Cattle are not pregnant, and are either; From an accredited BVD-free herd through a CHeCS cattle health scheme or Individually test BVD virus-free	
BVD Category 2: BVD herd screen negative	From a herd with a 'negative' BVD herd status through a mandatory annual screening or Certified virus free and vaccinated	
BVD Category 3: BVD status unknown	All cattle not in either of the categories above (including from 'not-negative' herds)	

FOOD CHAIN INFORMATION (FCI)

Is the holding under movement restriction for bovine Tuberculosis (TB)* YES NO

- Cattle on the holding are not under movement restrictions for other animal disease or public health reasons (excluding a 6-day [Scotland 13 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 fulfill all the above statements, tick this box and provide additional information below

Additional (FCI)

Information about animals showing signs of a disease that may affect the safety of meat derived from it/them	
Identification of animal(s) – or attach list	
Describe the disease or condition, or diagnosis if a veterinary surgeon has examined the animal(s)	
Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings.	

Information about holding restrictions or results of analysis of samples relevant to public health

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DESTINATION & HAULAGE DETAILS

Address of premises (market) to which moved: Borderway Mart, Rosehill, Carlisle 08/067/8019	
Name and Address of Haulier (if applicable):	Vehicle Registration and Assurance Number
	Date last cleansed <input type="checkbox"/> <input type="checkbox"/>
Are you cleansing and disinfecting on these premises?	YES NO

- Declare:
- I am the person responsible for the care and control of the animals to be moved and have responsibility for maintaining records relating to their movement
 - I am the person that has examined the stock and seen no signs of any notifiable diseases
 - that the stock comes from a premises which has had no movement of animals onto it in the previous 6 days (other than permitted exceptions)
 - that the movement complies with the relevant general licence
 - I am the legal owner of the animals listed

I DECLARE THAT THE DETAILS I HAVE INCLUDED ON THIS FORM AT THE TIME OF SIGNING ARE TRUE AND CORRECT.

Signed

You have a right to know how we will use the information you have provided us. We may share the information with other members of our group and may make this information available to relevant media groups and other interested parties on request. We and other members of the group may contact you by telephone, e-mail, post or fax to inform you of products or services available. If you do not want to be contacted for marketing purposes or do not wish your information to be made available to any other parties please notify us in writing.