DATE: _____

OFFICIAL ENTRY FORM FOR

PRIME & CAST CATTLE

THIS ENTRY FORM MUST ACCOMPANY ALL ANIMALS TO THE MARKET

LOT NUMBER	OFFICIAL EAR No.	BREED	SEX	DATE OF BIRTH	ADDITIONAL INFORMATION (Please declare named Sire details) NAMED SIRES MUST BE DECLARED ON PASSPORT

BLUETONGUE VACCINATION & TESTING STATUS FOR RESTRICTED ZONE CATTLE

For cattle to be eligible to move from England/Wales into Scotland they must comply with one of the following conditions. If they comply with none, they are classed as not eligible. Please see our website for the most up to date information.

☐ **VACCINATED** Cattle Must Have:

At least 21 days elapsed since the second dose of Bultavo-3 vaccine prior to movement

A completed EXD645 form (you **MUST** record in part 1 the APHA application reference from the portal)

Supporting evidence of vaccine purchase (copy/screenshot of invoice) and administration dates (copy/screenshot of your medicine records) must accompany the animals

☐ **TESTED** Cattle Must Have:

A negative PCR test result (sample taken no more than 7 calendar days prior to movement)

A completed EXD645 form (you **MUST** record in part 1 the APHA application reference from the portal)

Supporting laboratory evidence accompanying the animals

FARM ASSURANCE STATUS

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

Affix current farm assurance sticker here

OR

FA Number .....

Expiry Date .....

<u>Livestock for Slaughter</u>

Have the animals you are selling been on your farm assured holding (or a series of farm assured holdings) for the required assurance residency period?

Cattle – 90 Days

☐ YES ☐ NO ☐ SOME

If you are <u>not</u> farm assured, state your VAN (Veterinary Attestation Number) below:

.....

VENDOR DETAILS

HOLDING No. .....

NAME .....

ADDRESS .....

.....

..... POSTCODE.....

TEL No. ..... MOB No.....

EMAIL .....

TB WE NEED TO KNOW THE FOLLOWING INFORMATION:

STATE YOUR TB TESTING INTERVAL

1 YEAR	☐	DATE OF TEST
4 YEAR	☐	N/A
3KM ZONE	☐	DATE OF TEST

IF YOU TICK YES TO 1 YEAR OR 3KM, YOU MUST SEND US A COPY OF YOUR TB TEST CERTIFICATE

Are you an ARLA WelfarePro or WelfarePro + Grazing Supplier?

If so, these animals MUST be sent direct to slaughter or to a fattening unit. And must not travel for more than 4 hours in a single journey.

CONDITIONS (MUST COMPLY WITH ALL) Please Tick Boxes

Have the cow/cows been milked on the morning before travelling or been dried off for a suitable time? ☐

Have the cow/cows travelled less than 4 hours to the market? ☐

DESTINATION & HAULAGE DETAILS

Name and Address of Haulier (if applicable):	Vehicle Reg & Assurance No: Date last cleansed:

BVD DECLARATION

Category	Standard	Please Select
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 tested 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 restrictions for bovine Tuberculosis (TB)? ☐ **YES** ☐ **NO**

- Cattle on the holding are not under movement restrictions for other animal disease or public health resaons (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 and signs of any disease or condition that may affect the safety of meat.
- 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 THE ABOVE STATEMENTS, TICK THIS BOX AND PROVIDE INFORMATION BELOW ☐

ADDITIONAL FCI

Information about animals showing signs of a disease that may affect the safety of meat derived from 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 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	
Are you cleansing and disinfecting on these premises	☐ **YES** ☐ **NO**

DECLARATION

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 and notifiable diseases. That the stock comes from a premises which has no movement of animals onto it in the previous 6 days (other than permitted exceptions). That the movement complies with the relevant general license. I am the legal owner of the animals listed. I understand that failure to complete this form may result in cattle not being processed (and/or classed as non-farm assured)

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

Signed.....