



HARRISON &  
HETHERINGTON

# OFFICIAL ENTRY FORM FOR STORE CATTLE & STIRKS

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

**This Form Must Accompany All Animals to the Market**

DATE OF SALE:

LOT NUMBER	OFFICIAL EAR No.	BREED	STEER HEIFER BULL	DATE OF BIRTH	ADDITIONAL INFORMATION (Please declare named Sire details)

**BVD DECLARATION**

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

<b>TB STATUS</b>	<b>Please complete ALL the following questions:-</b>	
	<b>1. Are you currently subject to a yearly or 3km surveillance test?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	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 .....
<b>2. Date of your last routine herd test?</b>	Date .....	
<b>3. Has your herd ever had a TB breakdown?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, the date your herd achieved official TB Free (OTF) status:	Date .....	

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)**

**DESTINATION & HAULAGE DETAILS**

Address of premises (market) to which moved: <b>Borderway Mart, Rosehill, Carlisle</b>		<b>08/067/8019</b>
Name and Address of Haulier (if applicable):		Vehicle Registration and Assurance Number
		Date last cleansed

**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 .....	<p style="text-align: center;"><b><u>Livestock for slaughter</u></b></p> <p style="text-align: center;">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?</p> <p style="text-align: center;">Cattle – 90 days</p> <p style="text-align: center;"><b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p> <p><input type="checkbox"/> <b>Some of those entered for sale</b></p>
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**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.

**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.

<b>If the animals do not fulfill all the above statements, tick this box and provide additional information below</b>	<input type="checkbox"/>
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**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.	
<b>Information about holding restrictions or results of analysis of samples relevant to public health</b>	
Are you cleansing and disinfecting on these premises? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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.