



OFFICIAL ENTRY FORM FOR **CALVES**

This Form Must Accompany All Calves to the Market

PLEASE NOTE IT IS AN OFFENCE TO SELL CALVES UNDER SEVEN DAYS OLD

DATE OF SALE:

LOT NUMBER	EAR No.	BREED	SEX	DATE OF BIRTH	REMARKS
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	

- a) None have been brought to a Market before this day
- b) None have been brought to a Market once during the previous 28 days
Address of Mart:
- c) That the Calf is from a herd where there is no case, nor has been for 3 years, of EBL Notified or Confirmed

FOOD CHAIN INFORMATION TO ACCOMPANY CALVES

1.	Have withdrawal periods for veterinary medicines and other treatments been met?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Have any calves in the consignment been treated with any veterinary medicinal products or other treatments in the past 28 days? <i>If 'Yes', please provide details on reverse.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Are any calves showing signs of abnormality? <i>If 'Yes', please provide details on reverse.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DECLARATION OF TB STATUS			
4.	Are you currently subject to a yearly or 3km surveillance test? 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). If NO the date of your last routine herd test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Date	
5.	Has your herd ever had a TB breakdown? If YES, the date your herd achieved official TB Free (OTF) status:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Date	
PLEASE SUPPLY US WITH A COPY OF YOUR TEST CERTIFICATE			
6.	Is the holding or area under restrictions for animal health (other than TB) or other reasons? <i>If 'Yes', please provide details on reverse.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.	Has any analysis of samples shown that any animal may have been exposed to substances likely to result in residues in meat? <i>If 'Yes', please provide details on reverse.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Veterinary Practice responsible for the holding Name: Telephone:

I declare that the above information is a true record as of sale date.

Signed

Status of Signatory if not the Owner

HOLDING No.

NAME

ADDRESS

..... Postcode

FARM ASSURANCE STATUS

complete below or place sticker over box provided

FA Number

Expiry Date

Place
Farm
Assured
sticker
here

ADDITIONAL FOOD CHAIN INFORMATION

Veterinary medicinal products or other treatments administered to calves in the consignment			
Ear Tag Number			
Name of Medicine or Product			
Date of Administration			
Withdrawal Period			
Reason for Administration			

Details of any calves showing signs of abnormality?			
Ear Tag Number			
Description of Abnormality			

Details of holding or area restrictions for animal health or other reasons?
<i>Slaughterhouse operator and Official Veterinarian must be informed before calves are transported to slaughterhouse.</i>

Details about analysis of samples that have shown that any animal may have been exposed to substances likely to result in residues in meat?
<i>Slaughterhouse operator and Official Veterinarian must be informed before calves are transported to slaughterhouse.</i>

DECLARATION

THIS DECLARATION MUST BE COMPLETED BY THE KEEPER/OWNER OF THE ANIMALS, AFTER CHECKING WITH THE ANIMAL MOVEMENT RECORDS WHICH HE/SHE IS REQUIRED TO MAINTAIN UNDER EXISTING LEGISLATION.

I

(full name of keeper / owner of animals to be moved)

of

address of keeper / owner

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

Vehicle Registration Number(s)	
Name of Haulage Company: (If Applicable)	
Drivers Name & Address: (If Applicable)	