

BENTHAM & DISTRICT FARMERS' AUCTION MART. CO. LTD.

CALF ENTRY FORM

Vendor's Name: Vehicle Reg:

Vendors Address:

..... Telephone No:

Holding Number: Date:

LOT NO	BREED	SEX	SLAUGHTER ELIGIBLE (Y/N)	D.O.B <u>7 days +</u>	EAR NUMBER	
					UK HERD MARK	IND. NO

PLEASE STATE YOUR TB TESTING INTERVAL: 1 year 2 year 3 year 4 year

DATE OF PRE-MOVEMENT TEST:-

DATE OF LAST ROUTINE HERD TEST:-

HAS YOUR HERD HAD A TB BREAKDOWN? DATE OF STATUS ACHIEVED:-

DECLARATION

Being the owner or person in charge of the animals below, I declare that:

- a) the information regarding the dates of birth is correct.
- b) none are progeny of a dam ** in which BSE is suspected or has been officially confirmed.
- c) none are from a herd in which there has been present a case of Enzootic Bovine Leukosis notified and confirmed within the previous 3 years.
- d) i have not received any livestock on to the holding within the last 6 days.

** The statement regarding the status of the dam remains valid for 42 days only from the date of signature.

THE INFORMATION ON THE REVERSE OF THIS FORM MUST BE COMPLETED AS PART OF NEW REGULATIONS FOR FOOD CHAIN INFORMATION (FCI) IF YOU HAVE INDICATED THAT THE CALF MAY BE SOLD FOR SLAUGHTER

SIGNED

BENTHAM & DISTRICT FARMERS' AUCTION MART. CO. LTD.

CALF ENTRY FORM

Vendor's Name: Vehicle Reg:

Vendors Address:

..... Telephone No:

Holding Number: Date:

LOT NO	BREED	SEX	SLAUGHTER ELIGIBLE (Y/N)	D.O.B <u>7 days +</u>	EAR NUMBER	
					UK HERD MARK	IND. NO

PLEASE STATE YOUR TB TESTING INTERVAL: 1 year 2 year 3 year 4 year

DATE OF PRE-MOVEMENT TEST:-

DATE OF LAST ROUTINE HERD TEST:-

HAS YOUR HERD HAD A TB BREAKDOWN? DATE OF STATUS ACHIEVED:-

DECLARATION

Being the owner or person in charge of the animals below, I declare that:

- a) the information regarding the dates of birth is correct.
- b) none are progeny of a dam ** in which BSE is suspected or has been officially confirmed.
- c) none are from a herd in which there has been present a case of Enzootic Bovine Leukosis notified and confirmed within the previous 3 years.
- d) i have not received any livestock on to the holding within the last 6 days.

** The statement regarding the status of the dam remains valid for 42 days only from the date of signature.

THE INFORMATION ON THE REVERSE OF THIS FORM MUST BE COMPLETED AS PART OF NEW REGULATIONS FOR FOOD CHAIN INFORMATION (FCI) IF YOU HAVE INDICATED THAT THE CALF MAY BE SOLD FOR SLAUGHTER

SIGNED

FOOD CHAIN INFORMATION TO ACCOMPANY CALVES

(less than 8 months old)

VET RESPONSIBLE FOR HOLDING	
NAME	
ADDRESS	
TEL NO	
E-MAIL	

TOTAL NUMBER OF CALVES IN CONSIGNMENT ELIGIBLE FOR SLAUGHTER

1. Are these calves within withdrawal period for any veterinary medicines or other treatments?	YES	NO
2. Have any calves in the consignment been treated with any veterinary medicinal products or other treatments in the past 28 days?	YES	NO
3. Are any calves showing signs of abnormality?	YES	NO
TUBERCULOSIS	YES	NO
4. Are any of the calves a Reactor or Inconclusive Reactor to the TB test?		
5. Is the holding under a TB restriction order?	YES	NO
6. Is the holding or area under restrictions for animal health (other than TB) or other reasons?	YES	NO
7. Has any analysis of samples shown that any animal may have been exposed to substances likely to result in residues in meat?	YES	NO

If you answer YES to any of the above please complete the
ADDITIONAL FOOD CHAIN INFORMATION form available from the office

FOOD CHAIN INFORMATION TO ACCOMPANY CALVES

(less than 8 months old)

VET RESPONSIBLE FOR HOLDING	
NAME	
ADDRESS	
TEL NO	
E-MAIL	

TOTAL NUMBER OF CALVES IN CONSIGNMENT ELIGIBLE FOR SLAUGHTER

1. Are these calves within withdrawal period for any veterinary medicines or other treatments?	YES	NO
2. Have any calves in the consignment been treated with any veterinary medicinal products or other treatments in the past 28 days?	YES	NO
3. Are any calves showing signs of abnormality?	YES	NO
TUBERCULOSIS	YES	NO
4. Are any of the calves a Reactor or Inconclusive Reactor to the TB test?		
5. Is the holding under a TB restriction order?	YES	NO
6. Is the holding or area under restrictions for animal health (other than TB) or other reasons?	YES	NO
7. Has any analysis of samples shown that any animal may have been exposed to substances likely to result in residues in meat?	YES	NO

If you answer YES to any of the above please complete the
ADDITIONAL FOOD CHAIN INFORMATION form available from the office