

Sales Declaration Form For Sheep

PLEASE HAND THIS FORM IN WITH YOUR MOVEMENT LICENCE

Date of Movement _____

Vendor Name _____

Address _____

Postcode _____

Tel No. _____ Vehicle Reg. _____

Holding No. _____ Flock No. _____

Haulier _____

Consignment

| Quantity | Ewes/Lambs/Hoggs | Breed | Marks | Belly Clipped |
|----------|------------------|-------|-------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Farm Assurance

YES

☐

*Sticker here or
enter details*

Have the animals in this consignment been on your farm assured holding (or a series of farm holdings) for the required assurance residency period of 60 days (*delete as appropriate*) **YES NO SOME OF THE SHEEP**
Failure to affix FABBL sticker and complete the above information will result in animals being classed as non Farm Assured at the time of sale.

NO

☐

FABBL No _____

Exp. Date _____

I declare that the Farm Assurance details I have provided are true and correct at the time of signing

Signed _____ Date _____

****THIS SECTION IS FOR NON-FARM ASSURED VENDORS ONLY****

Export Health Certificate In order for sheep to be eligible for export, vendors must sign the

following declaration: All of the animals in this consignment have originated from establishments that have received regular an annual animal health visits from a veterinarian for the purpose of the bio-security and disease detection (*Self declaration only applicable until 13th December 2023, after this date, VAN number is required*).

Signed:

Date:

Veterinary Attestation Number (VAN) *Provided by your vet after a vet attestation visit or an annual health and welfare review (known as a pathway visit)*

Cleansing & Disinfecting

ON SITE

☐

OTHER LOCATION

☐

If OTHER LOCATION, please specify and complete separate FMAW27 (*available from the office or online*)

Food Chain Information

| | | | | |
|--|-------------------|-----------|---------------------|--|
| Are these animals within a withdrawal period for any vet meds or treatments? | YES | | NO | |
| If YES, please provide details | | | | |
| Product Used | Withdrawal Period | Date Used | Withdrawal End Date | |
| | | | | |