

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

<p>YES</p> <input style="width: 40px; height: 30px;" type="checkbox"/>	<p>NO</p> <input style="width: 40px; height: 30px;" type="checkbox"/>	<p><i>Sticker here or enter details</i></p> <p>FABBL No _____</p> <p>Exp. Date _____</p>	<p>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 (<i>delete as appropriate</i>) YES NO SOME OF THE SHEEP</p> <p>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.</p> <p>I declare that the Farm Assurance details I have provided are true and correct at the time of signing</p> <p>Signed _____ Date _____</p>
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****THIS SECTION IS FOR NON-FARM ASSURED VENDORS ONLY****

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	<input style="width: 30px; height: 20px;" type="checkbox"/>	If OTHER LOCATION, please specify and complete separate FMAW27 (<i>available from the office or online</i>) _____
OTHER LOCATION	<input style="width: 30px; height: 20px;" type="checkbox"/>	

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				