HOLMFIRTH ATTESTED AUCTION MARKET LTD

Computer Number

Affix Your
Current Farm
Assurance
Sticker Here or
the stock will
be classed as
non farm
assured at

time of sale.

RIVERSIDE, WOODHEAD ROAD, HOLMFIRTH, HUDDERSFIELD HD9 2PR

TEL/FAX: 01484 683652

CATTLE MOVEMENT DOCUMENT THIS FORM IS A MINISTRY REQUIREMENT FOR THE MOVEMENT OF CATTLE TO MARKET.

	SECTION: (PLEASE CIRCLE)	CALVES	STORES	ОТМ	FAT	DAIRY	
TELEPHONE NUMBER				•••••		POST CODE	
HC	DLDING NUMBER//						.
NΑ	ME		PAYMENT ADDI	RESS			

LOT NO	EAR TAG NUMBER	BREED	Named Sire Tick for Yes	STR/HFR/ BULL/COW	DATE OF BIRTH	TICK IF ANIMAL IS FARM ASSURED	T.B PRE MOVEMENT TEST DATE IF APPLICABLE
					_		
					_		

THE DECLARATIONS ON THE REVERSE OF THIS FORM MUST BE SIGNED BEFORE STOCK CAN BE ACCEPTED FOR SALE

FOOD CHAIN INFORMATION FOR CATTLE Consigned for slaughter for human consumption **DECLARATION** The holding is not under movement restriction for bovine Tuberculosis (TB)* OR The holding is under movement restriction for bovine Tuberculosis (TB)* *delete one 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. KEEPERS SIGNATURE..... PRINT NAME..... If the animals do not fulfil all the above statements, tick this box and provide additional information on an attached document** VEHICLE REG..... HAULAGE DETAILS: (including all persons travelling in the vehicle) Haulier...... ABM No..... Address..... I DECLARE THAT THE VEHICLE ABOVE WILL BE CLEANSED AND DISINFECTED IN ACCORDANCE WITH THE TRANSPORT OF ANIMALS C&D ORDER AT THE FOLLOWING PREMISES: (please

HOLMFIRTH MARKET FARM

circle)

	TB DECLARATION						
Parish TB	testing interval <u>please circle</u>						
	1 – 2 years 3 – 4 years						
I DECLARI	E THAT THE CATTLE LISTED OVER ARE: (Please Circle)						
A Yo	Young calves under 42 days						
	B From a holding in a parish with a 3 or 4 year testing interval – when was last TB Herd test (Please insert date)						
	C 42 Days and over from a holding in a 1 or 2 year testing interval and had a clear TB test on (Please insert date)						
D Has the holding ever been subject to TB restrictions – YES / No Date of Official Free Status: (Insert date if applicable)							
	(WITHIN THE LAST 60 DAYS)						
You shou	uld be in possession of the relevant certified TB Test chart from your vet.						
DECLARAT	IONS: I hereby declare that						
	I am the owner/owner's agent of the animal(s) described overleaf and confirm the particulars are true and complete.						
	I accept responsibility for ensuring the correct paperwork has been provided for each animal, which has been tagged in accordance with relevant legislation.						
3.	The animals listed overleaf are fit for transport.						
4.	There are no visible signs of any notifiable diseases.						
5.	5. There have not been any movements of livestock on to my holdings during the last 6						
	days.						
6.	6. The above cattle have been TB tested 60 days before their movement out of 1 or 2 yearly						
	tested herds unless they are exempt.						
7.	You, the vendor may be liable if incorrect farm assurance information is provided and the						

purchaser at their discretion may lodge a claim against you. Cattle must be resident for 90

Livestock sold for slaughter is warranted under the Food & Safety Act 1990 and is sold fit

SIGNED: DATE.

for human consumption. The vendor will be responsible for any rejected animals and costs

days on holding to be sold as Farm Assured.

incurred.