



Rugby Farmers Mart Ltd
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STORE CATTLE ENTRY FORM FOR 2018

Store Cattle Sale

Date of Sale:

Please complete the following details:

Name: _____

Address & Postcode: _____

Contact Numbers: _____ Holding Number: _____

Email Address: _____ Herd Prefix: _____

• If the following is left incomplete we will presume that your stock is **NOT FARM ASSURED** and it will be sold accordingly •

Producer's Farm Assurance: Farm Assured: (please circle) YES / NO

Farm Assurance Number: _____

Expiry Date: _____

**FARM
ASSURANCE
STICKER**

• All store stock from farms within a 1 year testing parish must have had a clear TB test within 60 days prior to being sold •

TB Testing Status: (please tick) 1 year 4 yearly 6 monthly

Tested within the last 60 days Date of Clear Test: _____

<i>Number of Stock</i>	<i>Breed</i>	<i>Sex Heifer / Steer / Bull / Cow</i>	<i>Age in months</i>	<i>Homebred, Single Suckled, etc</i>

CATTLE CATALOGUED IN AGE ORDER Approximate number of lot numbers required: _____

~ EARLY NOTICE OF ALL ENTRIES WOULD BE APPRECIATED ~