

CATTLE MOVEMENT & FCI DECLARATION FORM

The market is unable to accept any cattle
without both sides of this declaration
being completed & signed

Date Of Sale

Producer's Name: Comp. No.:
Address & Post Code:
Telephone Numbers: Home: **VAN:**
Mobile: Email Address:
Main Holding Number: Herd/Flock Number:

Stock Transported From: Address:
(if different address and holding from above) Holding Number:

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

Farm Assured: (please circle) YES / NO

Farm Assurance Number: Expiry Date:

The holding **IS NOT** under movement restriction for bovine Tuberculosis (TB): ☐

The holding **IS** under movement restriction for bovine Tuberculosis (TB): ☐

TB Tested within the last 60 days: ☐ Date of TB Test:

Are cattle on the holding under movement restrictions for other animal disease or
public health reasons (excluding a 6-day standstill): (please circle) YES / NO

JUST FOR STORES The holding from which these cattle originate within the last 60 days are:

1.TB-1 ☐ 2.TB-4 ☐ 3.TB-6M ☐ 3.TB-Edge 6M ☐ 4. TB-EDGE 1Y ☐

**FARM
ASSURANCE
STICKER**

Using Own Transport: (please circle) YES / NO

Vehicle Registration Number:

Haulier's Name:

Vehicle Registration Number:

Is Haulier Farm Assured: (please circle) YES / NO

Farm Assurance Number:

I declare that the above vehicle will be cleansed and disinfected in accordance with the Transport of Animals C & D Order
at the following premises: (please tick)

MARKET ☐ FARM ☐ C&D CENTRE ☐

DECLARATION

- I/we hereby declare that I/we am/are the owner(s) agent of the animal(s) described on this form and that to the best of my/our knowledge the particulars shown on this form at the time of signing are true and correct.
- I/we authorise the auctioneers to act on my/our behalf without any responsibility attached to this action in respect of ear numbers and paperwork.
- I/we acknowledge and comply by the 'Conditions of Sale' as displayed in the market office.
- I/we have visually inspected the animals and they appear to be free from any disease.
- 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.

Calves Only: Are you an ARLA Milk Producer YES / NO (please circle)

SIGNED: DATE:

If the animals listed overleaf do not fulfil all the above statements, tick the box and provide additional
information on an attached document. ☐

Please enter cattle details below:

OFFICE USE ONLY		PRIME	OTM / OFEM	EXEMPT PRIME	EXEMPT OTM / OFEM	STORE	
LOT NO (OFFICE USE ONLY)		OFFICIAL EAR TAG		D.O.B.	SEX Cow / Heifer Bull / Steer	BREED	NOTES Homebred, Reg. Sire, etc
1		UK					
2		UK					
3		UK					
4		UK					
5		UK					
6		UK					
7		UK					
8		UK					
9		UK					
10		UK					
11		UK					
12		UK					
13		UK					
14		UK					
15		UK					
16		UK					
17		UK					
18		UK					
19		UK					
20		UK					
21		UK					
22		UK					
23		UK					
24		UK					
25		UK					

90 Day Farm Assurance Checked:

NOTE: Please declare 'IE' & 'NL' passports

Computer Entered:

EARLY NOTICE OF ENTRIES WOULD BE APPRECIATED