

DATE

Suppliers Name:

Address:

Name of Hauler:

Vehicle Reg:

Herd Number:

Loading Time:

Arrival Time:

Unloading Time:

Number of Animals:

Linden Food Group Verification

Condition of Cattle Cleanliness: Satisfactory YES NO

If Unsatisfactory: Please Indicate Action Taken:

No. of Animals Clipped

No. of Lame Animals

a: All animals presented have correct Ear Tags

LINDEN FOOD GROUP

No. of Animals Received					
First Factory No:	Last Factory No:	STR	HFR	YB	COW

Number of Mortalities:

Factory Rep. Signature:

Supplier's Signature:
Or Person Authorised to Sign on Behalf of Supplier

PEN No.

Accepted for Slaughter by DARD/MHS YES NO

DARD/MHS Signature:

Not accepted for Slaughter.

Please indicate why and action taken:

