



**IMPORTANT – LEGAL REQUIREMENT – PLEASE COMPLETE IN FULL**

**Cattle Born before 01/08/1996 MUST NOT be entered**

**FOOD CHAIN INFORMATION FOR CATTLE**

<b>Date of Movement</b>		<b>Number of Cattle</b>		<b>FQA Sticker</b>  Stick here
Producers Name & Address & Holding Number	Please attach one of your BCMS stickers	<b>FQA No.</b>		
		Scheme		
		Expire Date		
		Details of Vet Surgeon		
Telephone No Fax No		e-mail Please Complete		
<b>Information about holding restrictions or results of analysis of samples relevant to public health for listed animals on reverse of this form</b>				
<p>The holding <b>is not</b> under movement restriction for bovine Tuberculosis (TB)* OR The holding <b>is</b> under movement restriction for bovine Tuberculosis (TB)* *delete one</p> <p>The holding is not under movement restrictions for any other animal disease or public health reason</p> <p>Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animal(s) while on this holding and previous holdings.</p> <p>To the best of my knowledge the animals are not suffering from any disease or condition that may affect the safety of meat derived from them.</p> <p>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.</p>				
<b>If the animals do not fulfill all the above statements, tick this box and provide additional information below</b> <input type="checkbox"/>				
<b>Information about animal(s) believed to be suffering from a disease or condition that might affect the safety of meat derived from it/them.</b>				
Identification of animal(s) – or attached list				
Describe the disease or condition, or diagnosis if a veterinary surgeon has examined the animal(s)				
Record all veterinary medicines and other treatments with a withdrawal period greater than zero administered within the previous 60 days				
Name of medicine				
Date of administration				
Withdrawal period				
<b>Keeper's signature</b>				
<b>Print name</b>				
<b>Date</b>				



## Cattle Delivery Note for

<b>Sawley</b>		<b>Preston</b>		<b>Elgin</b>		<b>Crosshands</b>		<b>Dungannon</b>	
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Please identify Cattle as: Steer ( C ) Heifer ( E )  
 Young Bull 15 mths & under ( YB ) Bull 16-30 months (B) Cow ( D )  
**All cattle must be tagged in compliance with current legislation.**

	Sex	OFFICIAL EARTAG	UNDER 30 MONTH	OTM UNDER 36 MONTH	OTM 37 to 47 MONTH	OTM OVER 48 MONTH
1						
2						
3						
4						
5						
6						
7						
8						
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11						
12						
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15						
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25						

**OR attach copy of Consignment Information with Official Ear tag Numbers and ages .  
 Thank you.**