



HIGHLAND MEATS
A DIVISION OF DAWN MEATS (UK) LTD.

Highland Meats
(A Division Of Dawnmeats UK) Ltd
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Pay to: Border Livestock BOR005

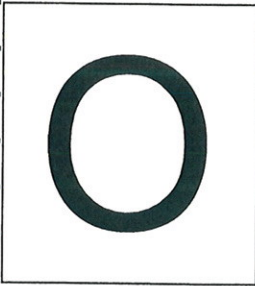
O48M CATTLE FCI (Food Chain Information) FORM & PAYMENT DETAILS

****Livestock without this form filled in correctly cannot be slaughtered****

MOVEMENT DATE: _____
CONSIGNOR: _____
ADDRESS: _____

EMAIL: _____

QUANTITY OF STOCK: _____
FA NUMBER: _____
DATE OF LAST AUDIT: _____
HOLDING NO: _____
PHONE NO: _____
FAX NO: _____



PLEASE NOTE ALL Over 48 MONTH CATTLE MUST BE BORN AFTER THE 1st OF AUGUST 1996

	S=Steer / H=Heifer C=Cow / B=Bull	EARTAG NUMBER	DATE OF BIRTH	BREED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Load Time: _____ **Load Date:** _____ **Haulier:** _____ **SFQC Haulier No:** _____

Declarations

Is the holding under movement restrictions for Bovine Tuberculosis? **Yes** **No**

Is the holding under movement restrictions for any othe animal disease or public health reasons? **Yes** **No**

Are any of the animals stated above still within a withdrawal period for any veterinary treatments administered to the animals while on this holding and previous holdings? **Yes** **No**

To the best best of your knowledge, are any of the animals stated above suffering from any disease or condition that could affect the safety of meat derived from them? **Yes** **No**

If you have answered YES to any of the above statements, please provide additional information on the Additional Food Chain Information Sheet (on the back)

I DECLARE THAT NONE OF THE CATTLE ON THIS CONSIGNMENT ARE EITHER CLONED OR PROGENY OF CLONED CATTLE

Signed: _____ **Printed:** _____ **Date:** _____

ADDITIONAL FOOD CHAIN INFORMATION

Livestock without this form filled in correctly cannot be slaughtered

Details of Holding Restrictions for Animal Health or Other Reasons

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Information about animals believed to be suffering from disease or Condition that may affect the safety of meat derived from these animals

Fill In Ear Tag Numbers Of Affected Animals

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Describe the disease or condition, or diagnosis if a veterinary surgeon has examined the animal(s)

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Record all veterinary medicines and other treatments with a withdrawal period greater than zero administered within the previous 60 days

Name of Medicine or Product	Date of Administration	Withdrawal Period

Details of analysis of samples taken from animals on the holding or other samples that have 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

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To the best of my knowledge, the details stated above are correct.

Signed:

Printed:

Date: