

DATE:

LINDEN FOODS BURRADON

Supplier Name:
Address:
Haulier Name:
Vehicle Reg:
Herd Number:
Loading Time:
Arrival Time:
Unloading Time:
Number of Animals:

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

Number of Mortalities:

Factory Rep. Signature:

Supplier Signature: Or person authorised to sign on behalf of supplier
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Pen No(s):

Accepted for Slaughter by FSA / OV	YES	NO

FSA / OV Signature

Not Accepted for Slaughter: Indicate reason(s) and action taken:

Linden Food Group Verification			
Condition of Cattle Cleanliness: Satisfactory	YES	NO	
If Unsatisfactory: Indicate Action Take:			

No. of Animals Clipped:		
No. of Lambe Animals:		
All animals presented have correct ear tags	YES	NO

	S=Steer / H = Heifer C = Cow / B = Bull	EAR TAG 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				

FOOD CHAIN INFORMATION FOR CATTLE

LICENCE No:

DECLARATION

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 the meat or to substances likely to result in residues in meat.

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

or

* Delete as applicable

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

Cattle / Calves on the holding are not under movement restrictions for other animal disease or public health reasons (excluding a 6-day / 13-day standstill)

Keeper's SIGNATURE:

PRINT NAME:

DATE: