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|--|--------------|---------------------------------|----------|----------------|--------------|----------|-----------|--------|
|  | Doc Title | Food Chain Information - Cattle | | | | | | |
| | Doc Ref. | FCIC | Issue No | 8 | Issue Date | May 2015 | No. Pages | 1 of 2 |
| | Prepared By: | Claire White | | Authorised By: | Claire White | | | |

FOOD CHAIN INFORMATION - CATTLE
LEGAL REQUIREMENT - COMPLETE BOTH SIDES OF THIS ENVELOPE

Animals born or reared in the UK (including the Isle of Man) before 01/08/96 **MUST NOT** be supplied.

| | | | | | |
|---|---|--|--------------------|------------|--------------------------------------|
| Date of Movement | | Number of Cattle | Agent | | FQA Sticker Stick here |
| Producers Name & Address | | Own Transport (circle) | YES | NO | |
| | | Vehicle Reg/Trailer N° | | | |
| | | FQA Number | | | |
| | | Time FIRST Loaded | | | |
| | | Time Arrival | | | |
| Holding Number Please attach one of your BCMS stickers | | Time LAST Unloaded | | | |
| Telephone N° | FQA Scheme | | | | |
| Fax N° | FQA N° & Expiry Date | | | | |
| E-mail | ANY ANIMAL CLONED OR PROGENY OF CLONED ANIMALS | | | YES | NO |
| Declared information about holding restrictions, medicines, diseases or conditions relevant to public health for animals listed on reverse of this form. Please complete all sections (A – E) below: | | | | | |
| A) Is the holding under movement restriction for bovine Tuberculosis (TB)? | | | YES | NO | |
| B) I DECLARE: | | | | | |
| <ul style="list-style-type: none"> • The holding is not under movement restrictions for any other animal disease or public health reason. • Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animal(s) while on this holding and previous holdings. • 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. • 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. | | | | | |
| C) Record all veterinary medicines and other treatments with a withdrawal period greater than zero administered within the previous 28 days: | | | | | |
| Medicine Name | | | Vet Details | | |
| Withdrawal period | | | | | |
| Date administered | | | | | |
| D) Have any animals on this FCI been treated with a Cephalosporin or Fluroquinolone antibiotic: If YES TICK BOX and please list ear tag(s) <input type="checkbox"/> | | | | | |
| | | | | | |
| E) If the animals do not fulfill all the above statements, tick this box and provide additional information below <input type="checkbox"/> | | | | | |
| Information about animal(s) believed to be suffering from a disease or condition that might affect the safety of meat derived from it/them | | | | | |
| Identification of animal(s) – or attached list | | Describe the disease or condition, or diagnosis if a veterinary surgeon has examined the animal(s) | | | |
| | | | | | |
| | | | | | |
| Keeper's Signature: (Declared information (A-E) above) | | | | | |

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| | |
|-------------|--|
| Print name: | |
| Date: | |

Cattle Delivery Note

| | | | | | | | | | |
|--------|--|---------|--|-------|--|------------|--|----------------------------------|--|
| Sawley | | Preston | | Elgin | | Llanidloes | | Other (please state) | |
|--------|--|---------|--|-------|--|------------|--|----------------------------------|--|


Please complete information below OR attach a copy of consignment information with official ear tag numbers and ages.

All cattle must be tagged in compliance with current legislation.

Young Bull 15 months & under (**YB**) Bull 16-30 months (**B**) Steer (**C**) Cow (**D**) Heifer (**E**)

| | (YB) | (B) | (C) | (D) | (E) | OFFICIAL EARTAG | UNDER 30 MONTHS | 30 MONTHS TO UNDER 36 | 36 + MONTH |
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|---------------------------------|--|
| Slips(s) at loading | |
| Fall(s) at loading | |
| Haulier/Keeper Signature | |

| | | | | | | | | |
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|--------------------|--|--|--|--|--|--|--|--|
| Print Name: | | | | | | | | |
| Date | | | | | | | | |