



UK

# ABP LIVESTOCK DELIVERY DECLARATION

Please attach one of your BCMS movement stickers	<i>Please attach one of your farm assurance stickers</i>	Agent Name: _____ Haulier Name: _____ ABM Number: _____ Haulier Vehicle Reg./Trailer No: _____
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Owners Contact Number	
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	Official Eartag Number	Sex (S/H/Y B/C)
1		
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25		

Planned arrival time	am/pm	Time loaded	am/pm
Arrive at abattoir	am/pm	Time unloaded	am/pm
Haulage Crosscheck			
Batch Number			

## FCI Declaration

*\*Please delete one statement below*

The holding **is not** under movement restriction for bovine Tuberculosis (TB)\*

OR

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

The cattle on the holding are not under movement restrictions for any other reason (excluding a 13-day standstill).

Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals 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 meat or to substances likely to result in residues in meat.

If animals do not fulfil all the above statements, tick this box provide additional information overleaf ☐

## Owners Declaration: *I hereby declare that*

1. I have met all the relevant criteria as set out in ABP's Terms and Conditions
2. The cattle listed have resided on an unbroken chain of farm assured holdings for a minimum of 90 days
3. All cattle are accompanied by a valid passport and should be double tagged prior to arrival at ABP
4. All animals were fit for transport at the time of loading

Keeper's Signature	
Print Name	
Date	

**ADDITIONAL FOOD CHAIN INFORMATION: Cattle**

**Information about animals showing signs of a disease or condition that may affect the safety of meat derived from them.**

Identification of animals – or attach list


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

Has withdrawal period been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings? If not, please give details below

**Details of holding movement restrictions for animal health or other reasons**

**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.**

Keeper's Signature	
Print Name	
Date	