





Please attach one of your BCMS movement stickers			Please attach one . of your farm		Agent Name			
						*please print		
					Haulier	Name		
				assurance		*please print		
				stickers		Haulier	ABM Number	
						Haulier Vehicle		
						,	ailer Number	
Owne	ers Conta	ct Number				Driver N		
							*please print	
				Registered Sire Eartag or name (S		Sex	FCI Declaration *Please delete one statement below	
			Eanaç			H/YB/C/ MB)		
1						(112)		under movement restriction for
2							bovine tuberculosi	s (TB)*
3							Or The holding is u	nder movement restriction for
4							The holding is_ under movement restriction bovine tuberculosis (TB)*	
5								
6								olding are not under movement
7							standstill).	v other reason (excluding 6 day
8							stanustini).	
9							Withdrawal period	s have been observed for all
10							veterinary medicines and other treatments	
11								e animals on this holding and
12							previous holdings.	
13							To the best of my	knowledge the animals are not
14								any disease or condition that
15							may affect the safe	ety of meat derived from them.
16							No analysis of san	ples taken from animals on the
17								samples have shown that the
18								consignment may have been
19								disease or condition that may f meat or to substances likely to
20							result in residues i	
Plan	ned al Time		Lime	eloaded		am/pm		
Anny		am/p	m			am/pm		do not fulfil all the above
Arriv	e at			e unloaded			statements, tick this box to provide additional	
abattoir		am/pm				am/pm	information overlea	at O
Haulage		P		tch Number			-	
Crosscheck								
I HEREBY DECLARE THAT								
1. All the relevant criteria as set out in ABP UK's Terms and Conditions have been met								
 The cattle listed have resided on an unbroken chain of farm assured holdings for a minimum of 90 days immediately before delivery 								
b. All cattle are accompanied by a valid passport and are double tagged prior to arrival at ABP UK								
C	. All ani	mals were fit for tra	nsport at	the time of load	ding			
							I to receive the AA b	
 To the best of my knowledge the cattle listed have not been treated with Quinolones or 3rd and 4th generation Cephalosporins 								

Cephalosponns		
	Keeper's Signature	
	Print Name	
	Date	

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	IAIN INFORMATION: Cattle ng signs of a disease or condition that may affect the safety of meat				
Identification of animals – or attach I	ist				
Describe the abnormality,					
disease or condition, or diagnosis if a veterinary					
surgeon has examined the animal(s)					
	ed for all veterinary medicines and other treatments administered to the				
animals while on this holding and pr	evious holdings? If not, please give details below				
Details of holding movement rest	rictions 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.					

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