

Issue Number: 15 Approved By: Livestock Manager Issued By: Technical Manager

Issue Date: 30/04/2025

| Woodhead Brothers Food Chain Information - Sheep   |  |  |   |  |   |  |  |
|--|--|--|---|--|---|--|--|
| Abattoir:  |  |  | Abattoir CPH No.:   |  |   |  |  |
| Producer:  | Farm   | Assurance No.:   | Farm Holding CPH  | No.: B   | Batch Size:   | Delivery Date:   |  |
| Owners Name:   |  |  | Production Site   | Name:  |   |  |  |
| Owners Address:  | Production Site Address:   |  |   |  |   |  |  |
|  |  |  |   |  |   |  |  |
| Owners Postcode:   | Production Site Postcode:  |  |   |  |   |  |  |
| Contact Name:  | Contact Fax No   | Contact Fax No.  |   |  |   |  |  |
| Contact Telephone:   | Contact E-mail:  | Contact E-mail:  |   |  |   |  |  |
| No of Animals ID Mark  |  |  | Class: Lamb / Adult* Delete as applic   |  |   | Flock Number:  |  |
| <ul> <li>them.</li> <li>No analysis of sample been exposed to any</li> <li>To the best of my kno</li> <li>I declare that this bat above holding for a m</li> </ul> | wledge the animal staken from the a disease or condition wledge the livesto ch of lambs sold to inimum of 30 days mbs conform to Potland, less than 1: | nimals on the holdi<br>in that may affect t<br>ck supplied are not<br>Woodhead Brothe<br>i.<br>GI status requireme<br>2 months old and n | ing or other samples ha<br>he safety of the meat o<br>t cloned animals or the<br>ers have resided on a Fa<br>ents, please tick as appl<br>not been bred from. | s shown that the<br>r to substances<br>first generation<br>rm Assured ho | ne animals in talling to results offspring of contractions. | afety of the meat derived this consignment may have it in residues in the meat. cloned animals. ays, but have resided on the |  |
| I, the undersigned, have read the  | FCI statements al  | oove and I declare   | that all animals in this c  | onsignment sat   | tisfy it's condi  | tions:   |  |
| Keepers Signature: Print Name:   |  |  |   |  |   |  |  |
| Fillit Name.   |  |  |   |  |   |  |  |
| Date:  |  |  |   |  |   |  |  |
| If the animals do not fulfil all the   | above statements   | , tick this box and រុ   | provide additional infor  | mation on an a   | ttached docui   | ment.  |  |
| To be completed by Haulier :   |  |  |   |  |   |  |  |
| Name of Haulier: Haulier Farm Assurance I  |  |  | e No:   | Vehicle Reg/Trailer Number/Chassis*                                      |   |  |  |
| pading Time : ( First animal) Departure time:  |  |  |   | Arrival Time :   |   |  |  |
| *THIS SHOLLI D RE WHICHEVER IS   | REGISTERED ON T  | HE RED TRACTOR   | WERSITE AS FARM ASSI  | IRED   |   |  |  |

THIS SHOULD BE WHICHEVER IS REGISTERED ON THE RED TRACTOR WEBSITE AS FARM ASSURED

I, the undersigned, declare that the vehicle used to transport the livestock in this consignment has been cleaned and disinfected prior to loading of the

Signature of Driver :\_ Date :

Ref: LSFC1