HOBBS · PARKER
Auctioneers LLP

Ashford Market 20/006/8000
Romney House, Orbital Park, Ashford, Kent, TN24 0HB
Tel: 01233 502222 Fax: 01233 502211

Affix
Valid Farm
Assurance
Scheme
Sticker Here

Store/Breeding Cattle/Calf Entry Form

(Including Food Chain Information Declaration)

It is compulsory that all vendors complete this form

Vendor Address:	**Holding of movement (if different)**

Vendors Account No…… Holding Number……
Contact Mobile No…… Haulier……
Date of Movement…… Vehicle Reg……
Departure Time (If over 50Km)…… Expected Duration……

Important please complete the TB section in full and sign:

TB testing status of holding 1 Yea☐ (Pre-movement test required) 4 Yea☐ (please tick)

Please state last test date……(Required for all stock regardless of TB status holding)

Signed…… Date…….. Print Name……..

Auction Use only	Ear Tag(Please ensure animals are double tagged before arrival)	Cow,Heifer, Steer,Bull	Breed	Date of Birth

Please read overleaf for declarations and medical information

Further Entries continued overleaf ☐

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Please make sure passports are completed and signed in the next available box.

I hereby declare that:-

1. I am the owner or owner's agent of the animals described above.
2. The movement is in accordance with the General Licence conditions and the 6 day standstill period.
3. Stock complies in full with obligation imposed by the Tuberculosis (England) Order 2008
4. The animals are not showing signs of any notifiable disease or condition that may affect the safety of meat derived from them
5. Farm Assured animals have resided on the holding (or a succession of assured holdings) for the required assurance period of 90 days
6. Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings.
7. No analysis of samples taken from animals on the holdings has shown that the animals consigned may have been exposed to a disease or condition that may affect the safety of the meat.

Or:

8. Are the animals on this form still within a medicine withdrawal period? If so please provide details below.

If your answer is **YES** to question 8 please give precise detail of product and date of the end of the withdrawal period.

Product……..

Date given…….. **End of Withdrawal period**……