	FARM ASSURED YES/NO Please delete as appropriate	fix Farm Assured sticker here and on all relevant passports
CATTLE MOVEMENT DOCUMENT, AGE DECLARATION OVER 30 MONTHS/UNDER 30 MONTHS AND ANIMAL TRANSPORT CERTIFICATE.		
FOR CATTLE DIRECT TO SLAUGHTER		

BREED	OFFICIAL EAR TAG NUMBER	STEER	HEIFER	BULL	DATE OF BIRTH	UTM	OTM	O72M
TOTAL NUMBER OF CATTLE			**NUMBER OF PASSPORTS ATTACHED**					

Owner's Name:…….. Date of Movement:…….

Address:……

Tel. no. …….

Premises of Departure:…….. Departure Holding No…….

Destination:…….

Farm Assurance No…….. Date of Last Farm Assured Audit: ……

PLEASE COMPLETE ABOVE IN FULL AND CONTINUE OVERLEAF

PLEASE COMPLETE THESE SECTIONS IN FULL

I hereby declare:

1. **This movement is made in accordance with the conditions of the General Licence currently in force.**
2. **The details listed above are accurate and all cattle are accompanied by a properly completed and signed relevant passport.**
3. **The above animals are warranted to comply with the age criteria demanded by present legislation for inclusion into the human food chain.**
4. **Where indicated by a Farm Assured delivery sticker, all the above listed livestock are eligible to be sold as "Farm Assured" under the current regulations of the SQBLA Farm Assured Scheme.**
5. **All cattle are double tagged as required by the Cattle Identification Regulations 1998.**
6. **These animals are free from artificial hormones and no digestive enhancers have been fed.**
7. **I am the owner or owner's agent of the above bovine animals.**

Date……. *Owner/Owner's Agent Signed ……..

TRANSPORTER INFORMATION

Name and address of Transporter:…… QMS No.

Date and Time first animal was loaded – Date: ……. Time: ……. ……

Departure Date and Time - Date: …….. Time:…….[1]

FOOD CHAIN INFORMATION FOR CATTLE	
Holding Number	
Keeper's Name	
Address of Holding	
Telephone Number	Email address (optional)
Individual Identification Mark(s) – or attach list	

Declaration – *IMPORTANT – PLEASE COMPLETE BELOW & SIGN*

(* delete one)

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

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 animals 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.

Keeper's signature	
Print name	
Date	

If the animals do not fulfil all the above statements, tick this box and provide additional information on an attached document	

ADDITIONAL FOOD CHAIN INFORMATION
For Cattle, Sheep and Goats

Information about animals believed to be suffering from a disease or condition that may affect the safety of meat derived from them	
Identification of animals – or attach list	
Describe the disease or condition, or diagnosis if a veterinary surgeon has examined the animal(s)	

Record all veterinary medicines and other treatments with a withdrawal period greater than zero administered within the previous 60 days			
Name of product or medicine			
Date of administration			
Withdrawal period			

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 name
Print name
Date