

Holding of Origin: ..... Account No: ..... Name: ..... Trading Name: .....

Address: ..... Postcode: ..... CPH No: ..... Tel No: .....

Mobile: ..... Vehicle Reg: ..... Haulier: ..... Time Leaving Holding of Origin: ..... Time at Collection Point: .....

**Contact details of person providing information**

**Veterinary Surgeon responsible for holding**

Name: ..... Tel No: ..... Name: ..... Tel No: .....

CENTRE CODE	BREED	SEX	OFFICIAL EAR TAG												WEIGHT	TREATMENT (Please tick)	BVD Neg. Result	DATE OF BIRTH	SIRE NAME OR AI CODE
			1	2	3	4	5	6	7	8	9	10	11	12					
		F/M	U	K															
		F/M	U	K															
		F/M	U	K															
		F/M	U	K															
		F/M	U	K															
		F/M	U	K															
		F/M	U	K															
		F/M	U	K															
		F/M	U	K															
		F/M	U	K															
		F/M	U	K															
		F/M	U	K															

**Food Chain Information**

(Please circle)

1. Have withdrawal periods for veterinary medicines and other treatments been met?	YES	NO
2. Have any calves in the consignment been treated with any veterinary medicinal products or other treatments in the past 28 days? If 'yes', please tick against ear tag in calf details below and provide details on reverse of form.	YES	NO
3. Are any calves showing signs of abnormality? If 'yes', please provide details on reverse of form.	YES	NO
4. Are any of the calves Reactor or Inconclusive Reactor to the TB test? If 'yes', relevant movement forms must be provided.	YES	NO
5. Is the holding under at TB restriction order? If 'yes', movement forms, if required, must be provided.	YES	NO
6. Is the holding or area under restrictions for animal health (other than TB) or other reasons? If 'yes', please provide details on reverse of form.	YES	NO
7. Has any analysis of samples shown that any animal may have been exposed to substances likely to result in residues in meat?	YES	NO

\* In accordance with code of practice as set out on cover page

**Veterinary medicinal products or other treatments administered to calves in the consignment:**

OFFICIAL EAR TAG	NAME OF MEDICINE OR PRODUCT	DATE OF ADMINISTRATION	WITHDRAWAL PERIOD	REASON FOR ADMINISTRATION

**Details of calves showing signs of abnormality:**

OFFICIAL EAR TAG	
DESCRIPTION OF ABNORMALITY	

**Details of holding or area restrictions for animal health or other reasons:**

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**Details about analysis of samples that have shown that any animal may have been exposed to substances likely to result in residues in meat:**

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SIGNATURE OWNER/AGENT: ..... Date: .....