

SHREWSBURY LIVESTOCK MARKET

Bowmen Way, Shawbury Turn, Battlefield, Shrewsbury, SY4 3DR
 Tel: (01743) 462620 Fax: (01743) 442815

Halls ¹⁸⁴⁵

**CALVES
ONLY**

CATTLE MOVEMENT & TB DECLARATION DOCUMENT

**CALVES
ONLY**

Name & Address of Owner:					
Address of Premises from which moved:					
Holding Number:					
Address of Market to which moved:		Shrewsbury Livestock Market, Bowmen Way, Shawbury Turn, Battlefield, Shrewsbury, SY4 3DR			
Date of Movement/Sale:					
Telephone Number:				Computer Number:	
Are you Farm Assured:	Yes / No	If so, have these animals been on your holding for 90 days or more?			
		YES / NO			
FABBL/FAWL Number:				Expiry Date:	
Registration Number of Vehicle moving stock:					
HAVE THESE ANIMALS BEEN VACCINATED FOR BLUETONGUE?		YES / NO			
If so, have they received one/two doses?		ONE / TWO			
What brand of Vaccine has been used?		MERIAL / INTERVET			
What was the date of administering the first and second dose?					
					1 st/...../20.....
					2 nd/...../20.....
Lot No	Ear Tag No	Description	Breed	Sex	D.O.B

DECLARATIONS

- I/We hereby declare that I am the owner/owner's agent of the animal(s) described above and that to the best of my knowledge the particulars shown on this form at the time of signing are true and complete.
 - Either- I/We further declare that the auction lot numbers are correctly matched with the Official Ear Tag Numbers and that any CID/CDD relating to these lot numbers are correctly matched.
 - Or – I/We authorised the Auctioneers to act on my behalf without any responsibility attached to this action in respect of ear tag numbers or CID/CDDs.
 - I/We declare that the owner has examined the stock and seen no sign of FMD or other notifiable diseases.
 - I/We declare that the stock comes from a premises which had no movement of FMD susceptible animals onto it in the previous 6 days (other than permitted exceptions).
Date of previous movement on to holding:
 - I FURTHER DECLARE THAT ALL CATTLE ARE:
AT THE DATE OF MOVEMENT WERE CLEAR TB TESTED ON/...../20.... AND
THAT A CERTIFICATE OF PROOF IS AVAILABLE FOR INSPECTION**
- RICS Client Money Protection Scheme**
All financial transactions within this market are conducted with the Auctioneers acting as principal. Sale proceeds are not paid into a client bank account and, consequently, the RICS Client Money Protection Scheme (CMPS) will not apply to protect the vendor.

Signed Owner/Agent:

Date:

SHREWSBURY LIVESTOCK MARKET

Bowmen Way, Shawbury Turn, Battlefield, Shrewsbury, SY4 3DR
Tel: (01743) 462620 Fax: (01743) 442815

Halls¹⁸⁴⁵

FOOD CHAIN INFORMATION TO ACCOMPANY CALVES

(less than 8 months old)

CONSIGNMENT DETAILS

Holding of origin (please fill in details or attach your Bar Code Label)

Name:	
Address:	
CHP Number:	
Email:	
Position:	
Telephone Number:	

VETERINARY SURGEON RESPONSIBLE FOR THE HOLDING

Name:	
Practice Address:	
Postcode:	
Email:	
Telephone Number:	

IDENTIFICATION OF CALVES

Ear Tag Numbers	
Total Number of calves in consignment:	

1. Withdrawal periods for veterinary medicines and other treatments been met?	YES	NO
2. Have any calves in the consignment been treated with any veterinary products or other treatments in the past 28 days? If 'yes' please provide details on additional document.	YES	NO
3. Are any calves showing signs of abnormality? If 'yes' please provide details on additional document.	YES	NO
Tuberculosis	YES	NO
4. Are any of the calves a reactor or inconclusive reactor to the TB test? If 'yes' relevant movement forms must be provided.	YES	NO
5. Is the holding under a TB restriction order? If 'yes' relevant movement forms must be provided.	YES	NO
6. Is the holding or area under restricted for animal health (other than TB) or other reasons? If 'yes' please provide details on additional document.	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? If 'yes' please provide details on additional document.	YES	NO