Shrewsbury Auction Centre, Bowmen Way, Battlefield, Shrewsbury, SY4 3DR
Tel: 01743 462620 market@hallsgb.com

CALF MOVEMENT & ENTRY FORM

Name & Address of Owner: Attach barcode label				
Telephone nos			Computer No:	
Holding Number:		Email Address:		
Address of Market to which moved:	Shrewsbury Auction Centre, Shrewsbury. SY4 3DR Holding Number: 35/280/8001			
Date of Movement:				
Are you Farm Assured?	Yes/No	If so, have these animals been on your holding for 90 days or more? YES / NO		
Farm Assurance No/Attestation Number			Expiry Date:	
Vehicle Registration:				
BVD STATUS (PLEASE CIRCLE) **PROOF MUST BE ATTACHED**	NEGATIVE		UNKNOWN	

LOT NO	EARTAG NO	BREED	SEX	D.O.B	TB DATE

DECLARATIONS

1. 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.
2. Either- I/We further declare that the auction lot numbers are correctly matched with the Official Ear Tag Numbers relating to these lot numbers are correctly matched.
3. 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 PASSPORTS. 4. I/We declare that the owner has examined the stock and seen no sign of FMD or other notifiable diseases.
5. I/We declare that the stock comes from premises which had no movement of animals onto it in the previous 6 days (other than permitted exceptions).

I FURTHER DECLARE THAT ALL CATTLE ARE,AT THE DATE OF MOVEMENT WERE CLEAR TB TESTED ON ……/…../20……. AND THAT A CERFITICATE OF PROOF IS AVAILABLE FOR INSPECTION

1	Withdrawal periods for veterinary medicines and other treatments been met	YES	NO
2	Have any calves in the consignment been treated with veterinary products or other treatments in the past 28days? 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
4	Is the holding under TB restriction order? If `yes` relevant movement forms must be provided.	YES	NO
5	Is the holding or area under restriction for animal health (other than TB) or other reasons?	YES	NO
6	Has any analysis of samples shown that any animal may have been exposed to substances likely to result in residue in meat? If `yes` please provide details on additional document	YES	NO

Signed Owner/Agent:……

Date: ……