

ALEC JARRETT LTD – FOOD CHAIN INFORMATION FOR CATTLE (ANNEX A)

TELEPHONE NUMBER:

01179322725

FAX NUMBER:

01179323553

Holding Number		FARM ASSURANCE If Applicable Please Place Your Farm Assurance Label Here Or Write No. Below No. _____	Payee Holding number if Different
Keepers Name			
Address of Holding			Payee Name & Address (if Different from Keeper)
Telephone Number			
Email Address			
Time of Loading <small>(Completed By Keeper or Haulier)</small>			

INDIVIDUAL IDENTIFICATION MARK(S) OR PLEASE ATTACH LIST

Eartag Number	×	Eartag Number	×	Eartag Number	×

ANIMAL HEALTH DECLARATION

<ul style="list-style-type: none"> The holding is NOT under movement restriction for bovine Tuberculosis (TB)* The holding is under movement restriction for bovine Tuberculosis (TB)* <i>*delete one as appropriate</i> 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/condition that may affect the safety of the meat that is 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/condition that may affect the safety of meat or to substances likely to result in residues in meat. To the best of my knowledge the animals in this consignment do not have any broken needles left inside them. 	
IF THE ANIMALS DO NOT FULFIL ALL THE ABOVE STATEMENTS PLEASE TICK THIS BOX AND PROVIDE ADDITIONAL INFORMATION ON AN ATTACHED DOCUMENT	

WEST COUNTRY BEEF DECLARATION (If You Are Supplying West Country Beef Please Complete the Boxes Below)

I confirm that all the animals being delivered were born and raised within the recognised counties of the West Country. (Avon, Cornwall, Devon, Dorset, Gloucestershire, Somerset & Wiltshire)	Please Tick In The Appropriate Box		
	ALL	PART	NONE
I also confirm that the animals being delivered have been fed on a minimum 70% forage based diet and have been finished for a minimum of 60 days.	Please Tick In The Appropriate Box		
	ALL	PART	NONE
If you have answered PART to either of these statements please enter a × next to relevant Eartag Number(s) in the above list for the animals that <u>DO NOT</u> qualify to the above statements			

Keepers Signature	
Print Name	
Date	

Time Unloaded at Abattoir <small>(Completed By Lairage Office)</small>	Checked By <small>(Completed By Lairage Office)</small>
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