

# THAME FARMERS AUCTION MART LTD

The Cattle Market, North Street, Thame, Oxon, OX9 3FP

01844 217437 (Fax: 01844 261765)

Cattle & Calf Movement Document and Declaration

(ALL PARTS TO BE COMPLETED AND MUST ACCOMPANY CATTLE TO MARKET)

**NAME & ADDRESS OF OWNER**

Holding No.....

Mobile No:

Email:

**FARM ASSURANCE**

**NO. & EXPIRY**

**DATE OR STICKER**

**HAULIERS ASSURANCE NUMBER:**

**HAULIER DETAILS**

**NAME:**

**TELEPHONE:**

**REGISTRATION NUMBER:**

**MOVEMENT AND FOOD CHAIN INFORMATION (FCI) DECLARATIONS:**

1. I hereby declare that I am the owner/owner's agent of the animal(s) described on this form and to the best of my knowledge the particulars shown on this form at the time of signing are true and complete.
2. I authorise the auctioneers to act on my behalf without any responsibility attached to this action in respect of ear numbers and paperwork.
3. I acknowledge and comply by the Conditions of Sale as displayed in the market office.
4. To the best of my knowledge the animals are not showing signs of any disease or condition that may affect the safety of meat derived from them.
5. There has been no Foot & Mouth susceptible animals onto the holding within the last 6 days.
6. Cattle on the holding are not under any movement restrictions for other animal disease or public health reasons (excluding a 6-day or 13-day standstill).
7. All animals entered for sale have been pre-movement tested in accordance with DEFRA Bovine Movements Regulations for 1-year testing zones where applicable.
8. The holding is not under movement restriction for Bovine Tuberculosis (TB).
9. Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings.
10. 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 a substance likely to result in residues in meat.

Signed:..... Address (if different to above) .....

Print Name:..... Position:..... Date of Movement:.....

**PLEASE INSERT CATTLE INFORMATION ON REVERSE**

\*Please Mark Category of Sex (Steer, Heifer, Over-age Steer, Over-age Heifer, Cow or Bull)

Lot No <i>Office Use Only</i>	Official Ear Tag	Breed	*Sex	D.O.B	Comments
1)					
2)					
3)					
4)					
5)					
6)					
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24)					
25)					
26)					
27)					

TB TEST DATE:  
(INJECTION DATE)

RESIDENCY PERIOD ON ASSURED HOLDING – NO DAYS.....