

**PRIMESTOCK ENTRY FORM**

THIS FORM MUST ACCOMPANY ALL STOCK TO THE MARKET.

DATE OF SALE.....

VENDORS NAME .....

Postal Address .....

Tel No: ..... Holding No: ...../...../.....

Email: .....

**PRIME CATTLE**

Lot No	Herd No.	Individual No	Breed	Hfr / Blk / Bull / Cow.	Date of Birth

**DECLARATION OF TB STATUS -** Is your herd presently on a 1 year TB testing regime? Yes / No

If yes, have you pre-movement tested the animals consigned within 60 days Yes / No Date tested.....

**Could you please supply us with copy of your TB test certificate**

**PLEASE REMEMBER TO SIGN YOUR ANIMAL PASSPORTS**

**PRIME SHEEP**

Number of Sheep in Batch	Lamb/Hogg/Ewes	Breed	MARKS

**FARM ASSURANCE STATUS**

Please Affix current Farm Assurance sticker here

If the livestock you are selling have resided on a holding which is **currently** farm assured for **90 days or more**, please complete the following information.

or complete FA Number ..... Expiry Date .....

*Failure to affix a sticker and complete the above information (as appropriate) will result in the animals being classed as non Farm Assured at the time of sale.*

**It is the responsibility of the vendor to provide true and complete details regarding Farm Assurance. In the case of any Farm Assurance details provided by the vendor being incomplete**

**DECLARATION FOR TRANSPORTATION, CLEANSING & DISINFECTION**

Haulier Name ..... Transporters Authorisation Number.....

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

Vehicle Registration..... Vehicle Make .....

Date and place vehicle last disinfected .....

I undertake to cleanse & disinfect the vehicle at the Lakeland Livestock Centre/ the holding address /address stated below (delete as applicable)

.....  
The information on this form may be used by the local authorities, Defra, the Welsh Assembly Government and their agents, in their role as reinforcement authorities, to check compliance with legislation covering the cleansing and disinfection of vehicles used to transport animals.

Signature .....

**FOOD CHAIN DECLARATION:**

1. I 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. FOOD CHAIN INFORMATION FOR CATTLE, SHEEP & GOATS

The holding \* is / is not under movement restriction for bovine Tuberculosis (TB)

Cattle, are not under movement restrictions for other animal disease or public health restrictions (excluding a 6 day standstill)

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 showing signs of any disease or condition that may affect the safety of meat 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 or condition that may affect the safety of meat or to substances likely to result in residues in meat.

If the animals do not fulfil all the above statements, tick this box and provide additional information on an attached sheet	
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Signed *Owner / Owner's Agent	
Print name	
Date	

\*Delete as applicable