Agent Details:		



## ABERDEEN ANGUS CATTLE ENTRY FORM

## <u>Dunbia – Cattle Food Chain Information Form</u>

Contains L	<u>egal Requirements – If not comple</u>	eted correctly animals may not be p	processed.				
Producer Name and Address:		Contact Number:					
		Email Address:					
		Holding Number:					
Number of cattle:		Farm Assurance Number:					
If cattle are organic tick this box a	and attach certificate	Organic Number:					
Haulier:	Vehicle Registration:	Trailer ID:	ABM:				
Load Date & Time Farm:	Unload Date & Time	Load Date & Time Collection	Unload Date & Time	;			
	Collection Centre:	Centre:	Abattoir:				
Declarations (please circle yes or no	b)						
If you answer YES to any of the stat	ements below, please provide addition	nal information in the relevant section	below:				
Is the holding under movement re	strictions for Bovine Tuberculosis (TB)?	? (If yes attach licence)		Yes	No		
•		or public health reasons (excluding a 6-	day standstill)?	Yes	No		
		rinary treatments and other treatments		Yes	No		
animals while on this holding and		, , , , , , , , , , , , , , , , , , , ,					
To the best of your knowledge, are	e any of the animals listed above suffer	ring from any disease or condition that	could affect the	Yes	No		
	or affect the welfare of the animal?						
· · · · · · · · · · · · · · · · · · ·	ass Fed / West Country PGI declaration			Yes	No		
	this consignment are either cloned or						
		stive enhancers since 1st January 2001.					
	have been on a farm assured holding f	or the minimum period of time (90 days	s) required by the				
farm assurance standards	and Marstal bases because a COMC balding	- for one bringle to all outle					
I declare that Scotch cattle (Highland Meats) have been on a QMS holding from birth to death.  I declare that all Welsh Cattle (if supplied as Welsh), have been born and reared in Wales (PGI Status).							
			the standard the same decoration				
incorrect passports and missing ea		erefore hold all responsibility for any ar	nimais delivered with				
	-	or other samples have shown, that the a	nimals on this list				
		affect the safety or result in residues in					
West Country PGI /Grass Fed Dec		,					
During their lifetime these cattle h	nave been fed 70% forage-based diet a	nd have received a suitable period of gr	azing of a very minimu	um of 6	õ		
		e, purchasing records must be maintaine					
		derstand that information from my farm					
	y of the farm and I hereby give permis. GI appointed compliance body if reque	sion for my contracted certification bod	y and Red Tractor Ass	urance	το		
Details of Holding Restrictions for		steu.					
Details of Fronting Reservations for	7. mindi inculti di Ottici Readons						
Information about animals believ	ed to be suffering from a disease or c	ondition that may affect the safety of I	neat derived from the	se			
animals OR affect the welfare of t							
Fill in ear tag numbers of affected	animals:						
Describe the disease and dist	u diagnosis if a sectoria and a sectoria	avaminad the arrival (a)					
Describe the disease, condition of	r diagnosis if a veterinary surgeon has	examined the animal (s)					
Record all veterinary medicines a	nd other treatments with a withdraw	al period greater than zero administere	ed in the previous 60 (	davs F	lave to		
		losporins been used in any of the anim	•	-	,		
details below.				_			
Eartag Number	Name of Medicine Product	ne Product Date of Administration Withdrawal Period					
			1				
	_	her samples that have shown that the a	_		may		
nave been exposed to any disease	e or condition that may affect the safe	ety of meat or to substances likely to re	suit in residues in me	dī.			
Diago semulate (africa)	in heleOD attack a served or a served	information with official contact with the	OD and Durand				

Please complete information below <u>OR</u> attach a copy of consignment information with official eartag numbers, DOB and Breed.

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	Category	Official Ear Tag Number	Aberdeen Angus Sire Details			
	Steer / Heifer	If ear tag details are attached on a	If ear tag details are attached on a DOB		Breed	
		separate form, tick this box $\square$	separate form, tick this box $\square$			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
		mals have eaten in the last 30 days or th				
□ Protein Concentrate □ Grass/Silage □ Grain □ Compound □ Non-UK grown maize & derivatives □ Non-UK grown soya & derivatives						
Have cattle in this consignment grazed for a minimum of six months? (Please circle) <b>Yes No</b>						
Name of feed supplier(s): UFAS Number:						
To the best of my knowledge the details stated are correct.						
I declare that the livestock were fit to travel at the time of loading and fit for the intended journey.						
Having provided the information attached, as requested by Dunbia (UK). I hereby agree that my data be processed for purposes of						

Having provided the information attached, as requested by Dunbia (UK). I hereby agree that my data be processed for purposes of supplying red meat products. I am aware that the data will be held securely and be shared to relevant third parties. In cases where consent is required, I am aware that I can withdraw my consent at any point as required by the GDPR.

			, , , , , ,	
Signed:		Printed:		Date:
Slips(s) at loading:	Falls(s) at loading:		I declare that the cattle were fit to travel at	the time of loading and fit for the intended
			journey.	
			Signature of Haulier	

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