| Agent Details: |
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# Dunbia – Cattle Food Chain Information Form

**Contains Legal Requirements – If not completed correctly animals may not be processed.**

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| **Hellenic Producer Code** *(from remittance):* | | **Contact Number:** | |
| **Producer Name and Address:** | | **Email Address:** | |
| | | **Farm Assurance Number:** | |
| | | **Holding Number:** | |
| | | **Vet Attestation No:** *Not Required if your Farm Assurance Status is valid*<br>***MRCVS No (7 digits)*** ***CPH No (9 digits)***<br>***Expiry(mm/yy)*** | |
| **Number of cattle:** | | | |
| **If cattle are organic tick this box and attach certificate ☐** | | **Organic Number:** | |
| **Haulier:** | **Vehicle Registration:** | **Trailer ID:** | **ABM:** |
| **Load Date & Time Farm:** | **Unload Date & Time Collection Centre:** | **Load Date & Time Collection Centre:** | **Unload Date & Time Abattoir:** |

**Declarations (please circle yes or no)**

**If you answer YES to any of the statements below, please provide additional information in the relevant section below:**

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| Is the holding under movement restrictions for Bovine Tuberculosis (TB)? (If yes attach licence) | **Yes** | **No** |
| Is the holding under movement restrictions for any other animal disease or public health reasons (excluding a 6-day standstill)? | **Yes** | **No** |
| Are any of the animals listed still within a withdrawal period for any veterinary treatments and other treatments administered to the animals while on this holding and previous holdings? | **Yes** | **No** |
| To the best of your knowledge, are any of the animals listed above suffering from any disease or condition that could affect the safety of meat derived from them or affect the welfare of the animal? | **Yes** | **No** |
| The animals meet the required Grass Fed / West Country PGI declaration (*As detailed below*) | **Yes** | **No** |
| I declare that none of the cattle in this consignment are either cloned or progeny of cloned cattle. | | |
| I declare that the cattle listed have not been fed growth promoters/digestive enhancers since 1st January 2001. | | |
| I declare that the cattle delivered have been on a farm assured holding for the minimum period of time (90 days) required by the farm assurance standards | | |
| 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). | | |
| I declare I have correlated all ear tags with the passports supplied and therefore hold all responsibility for any animals delivered with incorrect passports and missing ear tags. | | |
| I declare that no analysis of samples taken from animals on the holding or other samples have shown, that the animals on this list may have been exposed to any disease, condition or substance that may affect the safety or result in residues in the meat. | | |

**West Country PGI /Grass Fed Declaration**

During their lifetime these cattle have been fed 70% forage-based diet and have received a suitable period of grazing of a very minimum of 6 months (Supplements may have been fed at weaning and finishing stage, purchasing records must be maintained on the animal feeding log). Cattle must have been finished for a minimum of 60 days. Where relevant, I understand that information from my farm assurance assessment may be required to check the PGI eligibility of the farm and I hereby give permission for my contracted certification body and Red Tractor Assurance to provide that information to the PGI appointed compliance body if requested.

**Details of Holding Restrictions for Animal Health or Other Reasons**

**Information about animals believed to be suffering from a disease or condition that may affect the safety of meat derived from these animals OR affect the welfare of the animal.**

Fill in ear tag numbers of affected animals:

**Describe the disease, condition or diagnosis if a veterinary surgeon has examined the animal (s)**

**Record all veterinary medicines and other treatments administered in the previous 60 days. Have, to your knowledge, any quinolones, colistins or 3rd/4th generation cephalosporins been used in any of the animals lifetime? If yes provide details below.**

| Eartag Number | Name of Medicine / Treatment | Date of Administration | Withdrawal Period |
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**Details of analysis of samples taken from animals on the holding or other samples that have 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.**

Please complete information below **OR** attach a copy of consignment information with official eartag numbers, DOB and Breed.

| | **Category** Steer, Heifer, Young Bull, Cow, MB | **Official Ear Tag**<br>**If ear tag details are attached on a separate form, tick this box ☐**<br>**Please use a separate form for Aberdeen Angus cattle under 30 months.**<br>**If supplying Herefords, please complete the additional declaration form** | **DOB** | **Breed** |
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Please detail what these animals have eaten in the last 30 days or the length of time on your holding if less than 30 days (tick as appropriate)

☐ 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) **Yes No**

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 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: |
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| 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.<br>Signature of Haulier…… |
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