Agent Details:		



ABERDEEN ANGUS CATTLE ENTRY FORM

Dunbia – Cattle Food Chain Information Form

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

Producer Name and Address:	•	Contact Number:				
Froducer Name and Address.						
		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:			
Tradition:	veille negistration.	Trailer 12:	7.5.0			
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)		I.		-	
f you answer YES to any of the state	ements below, please provide additio	nal information in the relevant section	below:			
Is the holding under movement res	strictions for Bovine Tuberculosis (TB)?	(If yes attach licence)		Yes	No	
Is the holding under movement res	strictions for any other animal disease	or public health reasons (excluding a 6-	-day standstill)?	Yes	No	
		rinary treatments and other treatments		Yes	No	
animals while on this holding and p	·	,				
•	•	ing from any disease or condition that o	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.				
	nave been on a farm assured holding fo	or the minimum period of time (90 days	s) required by the			
farm assurance standards						
	nd Meats) have been on a QMS holdin					
incorrect passports and missing ea		erefore hold all responsibility for any ar	nimals delivered with			
<u> </u>	<u>-</u>	or other samples have shown, that the a	inimals on this list			
		affect the safety or result in residues in				
West Country PGI /Grass Fed Dec		•				
		nd have received a suitable period of gr				
		, purchasing records must be maintaine				
		derstand that information from my farm				
-		sion for my contracted certification bod	ly and Red Tractor Ass	urance	to	
	6) appointed compliance body if reque	sted.				
Details of Holding Restrictions for	Animal Health of Other Reasons					
Information about animals believ	ed to be suffering from a disease or o	ondition that may affect the safety of r	meat derived from the	se		
animals OR affect the welfare of t	<u> </u>	simulation that may under the surety of t	near acrivea nom ene			
Fill in ear tag numbers of affected	animals:					
Describe the disease, condition or	diagnosis if a veterinary surgeon has	examined the animal (s)				
Pocard all vatarinary modicines a	nd other treatments with a withdraw	al period greater than zero administere	ad in the provious 60	dave I	lavo to	
-		losporins been used in any of the anim	-	-	iave, to	
details below.	constins or stay attrigeneration cepha	iospornis been used in any or the anim	iais incline. Il yes più	oviac		
Eartag Number	Name of Medicine Product	Date of Administration	Withdrawa	l Perio	d	
		er samples that have shown that the a			may	
have been exposed to any disease	e or condition that may affect the safe	ety of meat or to substances likely to re	esult in residues in me	at.		
Please complete informati	on helow OR attach a copy of consignment	information with official eartag numbers, D	OB and Breed			
Ref number:	FCIAA001 Date of issue		:	nir <u>o</u>		
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Revision number:

Approved by:

Mark Allan

004



	Category Steer / Heifer	Official Ear 1 If ear tag details a separate form,	are attached on a	Aberdeen Angus Sire Details If ear tag details are attached o separate form, tick this box [Breed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Have c	Protein Concentrate attle in this consign of feed supplier(s):	e □ Grass/Silage □ Gra	ain □ Compound □ I imum of six months	ne length of time on your holding if Non-UK grown maize & derivatives ? (Please circle) Yes No UFAS Number:		-
		-	to travel at the ti	me of loading and fit for the in	tended journey.	
Signed	:		Printed:		Date:	
Slips(s)	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					

Ref number:	FCIAA001	Date of issue:	12/08/2022	Prepared by:	Sarah Haire
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