Agent Details:	



Dunbia – Cattle Food Chain Information Form

	Dulibia - Cattle i ood C	mani iniormation romi				
Contains L	egal Requirements – If not comple	ted correctly animals may not be p	processed.			
Producer Name and Address:		Contact Number:				
		Email Address:				
		Holding Number:				
		Tiolanig Hamber.				
Nove have of pattle.		Farms Accuracy on Numbers				
Number of cattle:	1 1	Farm Assurance Number:				
If cattle are organic tick this box a		Organic Number:	T			
Haulier:	Vehicle Registration:	Trailer ID:	ABM:			
Load Date & Time Farm:	Unload Date & Time	Load Date & Time Collection	Unload Date & Time	,		
Load Date & Time Farm.	Collection Centre:	Centre:	Abattoir:	•		
Declarations (please circle yes or no		centre.	Abatton.			
		nal information in the relevant section	below:			
	strictions for Bovine Tuberculosis (TB)?			Yes	No	
<u>-</u>		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?					
•	sss Fed / West Country PGI declaration			Yes	No	
	this consignment are either cloned or	- III - III				
		stive enhancers since 1st January 2001.				
	nave been on a farm assured holding fo	or the minimum period of time (90 days) required by the			
farm assurance standards	nd Maats) have been on a OMS holdin	g from hirth to dooth				
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).						
		erefore hold all responsibility for any ar	nimals delivered with			
incorrect passports and missing ea	-	erefore floid all responsibility for ally ar	ililiais delivered with			
		r 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						
		nd have received a suitable period of gr				
		, purchasing records must be maintaine				
		derstand that information from my farr sion for my contracted certification bod				
-	il appointed compliance body if reques		y and near ractor 7.55	araricc		
Details of Holding Restrictions for						
	_	ondition that may affect the safety of r	neat derived from the	se		
animals OR affect the welfare of t						
Fill in ear tag numbers of affected	animais:					
Describe the disease, condition or	diagnosis if a veterinary surgeon has	examined the animal (s)				
Describe the disease, condition of	and services are services and services and services and services and services and services are services are services and services are services are s	examined the diminal (5)				
Record all veterinary medicines a	nd other treatments with a withdrawa	al period greater than zero administere	ed in the previous 60 o	days. F	lave, to	
your knowledge, any quinolones, details below.	colistins or 3rd/4th generation cepha	losporins been used in any of the anim	als lifetime? If yes pro	ovide		
Eartag Number	Name of Medicine Product	cine Product Date of Administration Withdrawal Period				
Eartag Hallines	The second secon					
		er samples that have shown that the a			may	
have been exposed to any disease	or condition that may affect the safe	ty of meat or to substances likely to re	sult in residues in me	at.		

Please complete information below $\underline{\textbf{OR}}$ attach a copy of consignment information with official eartag numbers, DOB and Breed.

Ref number:	FCIC001	Date of issue:	07/09/2023	Prepared by:	Sarah Haire	
	Page 1 of 2	Revision number:	004	Approved by:	Mark Allan	



	Category			Official Ear Tag			
	Steer, Heifer, Young If ear tag details are attached on a separate form, tick this box		DOB	Breed			
	Bull, Cow, MB			orm for Aberdeen Angus cattle under 30 months.			
1		it supplying H	eretoras,	please complete the additional declaration form			
2							
3							
4							
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18							
19							
20							
Please	detail what these ar	nimals have eaten in t	he last 3	0 days or the length of time on your holding if le	ss than 30 days (tick as appro	priate)	
	Protein Concentrate	☐ Grass/Silage ☐ Gr	ain 🗆 Co	mpound \square Non-UK grown maize $\&$ derivatives \square	Non-UK grown soya & deriv	atives	
		ment grazed for a min	imum of	six months? (Please circle) Yes No			
	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: Dat		ate:			
Slips(s)	at loading:	Falls(s) at loading:	<u> </u>	I declare that the cattle were fit to travel at th	e time of loading and fit for t	he intended	
	-	-		journey.	-		
				Signature of Haulier			

Ref number:	FCIC001	Date of issue:	07/09/2023	Prepared by:	Sarah Haire
	Page 2 of 2	Revision number:	004	Approved by:	Mark Allan