



WRIGHT MANLEY
BEESTON LIVESTOCK MARKET

Food Chain Information to accompany Calves to Market

Consignment of Details:

Holding – A Bar Code Label is ideal:

Name:

Address:

CPH Number:

E Mail:

Contact details of person providing food information:

Name:

Position:

Tel No:

Veterinary Surgeon responsible for the Holding:

Name:

Practice Address:

Postcode:

Tel No:

Identification of Calves (or attach a list of Ear Tag Numbers)

Ear Tag Numbers:

Ear Tag Numbers:

Ear Tag Numbers:

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Total Number of Calves in Consignment:

1. Have any calves in the consignment been treated with any veterinary medicinal products or other treatments in the past 28 days? Yes or No If yes please mark with an asterix and provide details of **DRUG**.

2. Have withdrawal periods for Veterinary medicines and other treatments been met? Yes or No

If No, Date withdrawal period expires?.....

3. Are any calves showing signs of abnormality? Yes or No If yes please describe below.

4. Is the Holding under a T.B. Restriction Order? Yes or No

5. Is the Holding or area under Restrictions for animal Health (other than T.B.) or other reasons? Yes or No

6. T.B. Testing Status: (1, 2, 3 or 4 year)

Signed:

Dated: