



U48M / O48M



(Please tick one box as appropriate and use two envelopes if you have both U48M and O48M cattle)

| | | |
|---|--|------------------------|
| <i>Please attach one of your BCMS movement stickers</i> | <i>Please attach one of your farm assurance stickers</i> | Haulier Name: _____ |
| | | Vehicle ID: _____ |
| | | ABM Number: _____ |

Owner's Contact Number _____

| | |
|----------------------------|--|
| Organic Scheme Name | |
| Scheme Number | |
| Inspection Date | |

| | Official Eartag Number | Sex (S/H/YB/C) |
|----|-------------------------------|-----------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

| | | | |
|-----------------------------|-------|--------------------|-------|
| Planned arrival time | am/pm | Time loaded | am/pm |
|-----------------------------|-------|--------------------|-------|

| | | | |
|---------------------------|-------|----------------------|-------|
| Arrive at abattoir | am/pm | Time unloaded | am/pm |
|---------------------------|-------|----------------------|-------|

| | | | |
|---------------------------|--|---------------------|--|
| Haulage crosscheck | | Batch number | |
|---------------------------|--|---------------------|--|

Owners Declaration: I hereby declare that

1. I have met all the relevant criteria as set out in ABP's Terms and Conditions
2. The cattle listed have resided on an unbroken chain of farm assured holdings for a minimum of 90 days

FCI Declaration

The holding **is not** under movement restriction for bovine Tuberculosis (TB)*

OR

The holding **is** under movement restriction for bovine Tuberculosis (TB)*
*delete one

The cattle on the holding are not under movement restrictions for any other reason (excluding a 6-day standstill).

Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings.

To the best of my knowledge the animals are not showing signs of any disease or condition that may affect the safety of meat derived from them.

No analysis of samples taken from animals on the holding or other samples has 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.

If animals do not fulfil all the above statements, tick this box and provide additional information overleaf

| | |
|---------------------------|--|
| Keeper's signature | |
| Print name | |
| Date | |



ABP LIVESTOCK DELIVERY DECLARATION

U48M / O48M

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ADDITIONAL FOOD CHAIN INFORMATION: Cattle

| | |
|--|--|
| Information about animals showing signs of a disease or condition that may affect the safety of meat derived from them. | |
| Identification of animals – or attach list | |
| | |
| | |
| | |
| | |
| Describe the disease or condition, or diagnosis if a veterinary surgeon has examined the animal(s) | |
| Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings. | |

| |
|--|
| Details of holding movement restrictions for animal health or other reasons |
| |

| |
|--|
| 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. |
| |

| | |
|--------------------|--|
| Keeper's signature | |
| Print name | |
| Date | |