



The Livestock Market, Wyncolls Road, Colchester.CO4 9HU Tel:

LIVESTOCK ENTRY, FCI AND MOVEMENT FORM

RICS CLIENT MONEY PROTECTION SCHEME

All financial transactions within this market are conducted with the Auctioneers acting as Principal. Sale Proceeds are not paid into a client bank account and, consequently, the RICS Client Money Protection Scheme (CMPS) will not apply to protect the vendor.

VENDOR TRADING NAME.....

ADDRESS

POSTCODE TELEPHONE

E-MAIL

STOCK DEPARTURE LOCATION CPH/...../.....

DATE OF LAST TB TEST

HERD TB TESTING STATUS 12/24 MTHS 36/48 MTHS

STOCK DEPARTURE ADDRESS

DATE OF MOVEMENT/SALE

TIME OF DEPARTURE FROM HOLDING

FABBL NO FABBL EXPIRY

PLEASE AFFIX FABBL LABEL HERE

IF THERE IS NO LABEL WE WILL NOT MARK YOUR STOCK AS FABBL REGISTERED.

HAULIERS NAME

VEHICLE REG

DATE OF LAST ON MOVEMENT TO HOLDING

PLACE OF LAST CLEANSING AND DISINFECTION

DATE OF LAST CLEANSING AND DISINFECTION

WASH OUT. MARKET HOME OTHER

ADDRESS OF WASH

DECLARATIONS:

- I HEREBY DECLARE THAT I AM THE OWNER/OWNER'S AGENT OF THE ANIMALS DESCRIBED BELOW AND THAT TO THE BEST OF MY KNOWLEDGE THE PARTICULARS SHOWN ON THIS FORM AT THE TIME OF MOVEMENT ARE CORRECT AND COMPLETE.
- I AUTHORISE THE AUCTIONEERS TO ACT ON MY BEHALF WITHOUT ANY RESPONSIBILITY ATTACHED TO THIS ACTION IN RESPECT OF EAR NUMBERS OR PASSPORTS.
- I CERTIFY THAT STOCK COMES FROM A HOLDING WHICH HAS HAD NO MOVEMENT OF FOOT AND MOUTH DISEASE SUSCEPTIBLE ANIMALS ON TO IT IN THE PREVIOUS 6 DAYS OR IS NOT UNDER ANY MOVEMENT RESTRICTIONS FOR ANY ANIMAL DISEASE OR PUBLIC HEALTH REASONS INCLUDING BOVINE TB
- I CERTIFY THAT THE STOCK HAS BEEN EXAMINED AND NO SIGNS OF NOTIFIABLE DISEASES WERE APPARENT.
- I CERTIFY THAT THE MOVEMENT COMPLIES WITH THE RELEVANT GENERAL LICENSE.
- I CERTIFY THAT ALL STOCK ENTERED BY ME SHALL BE FREE FROM ANY MEDICATION SUBJECT TO THE RECOMMENDED WITHDRAWAL PERIOD UNLESS NOTIFIED TO THE AUCTIONEERS IN WRITING WITH THE DATE OF THE END OF WITHDRAWAL PERIOD CONFIRMED.
- 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 (SIGN SECTION B OVER).
- IF FARM ASSURED. BY DECLARING THESE ANIMALS FARM ASSURED I AM STATING THAT THEY HAVE BEEN ON MY HOLDING FOR THE MINIMUM REQUIRED DAYS AND THAT I KNOW OF NO REASON THAT MY FARM ASSURANCE STATUS IS NOT VALID AND UP TO DATE.
- ALL OF THE ANIMALS HAVE ORIGINATED FROM ESTABLISHMENTS THAT HAVE RECEIVED REGULAR ANIMAL HEALTH VISITS FROM A VETERINARIAN FOR THE PURPOSE OF THE DETECTION AND SIGN OF DISEASE

Keepers Signature: **Print Name:**.....

Date: **Please Note:** *If the animals do not fulfil the above declarations please provide additional information in the section on the back of this form.*

