



THAME FARMERS AUCTION MART LTD

The Cattle Market, North Street, Thame, Oxon, OX9 3FP
T: 01844 217437 F: 01844 261765

Prime Cattle, Store Cattle & Calf Movement Document & Declaration (ALL PARTS TO BE COMPLETED & MUST ACCOMPANY CATTLE TO MARKET)

NAME AND ADDRESS OF OWNER	
Holding No
Telephone
Mobile

FARM ASSURANCE NUMBER AND EXPIRY DATE OR STICKER:

VEHICLE REGISTRATION NUMBER:

HAULIERS ASSURANCE NUMBER:

HERD NUMBER:

MOVEMENT AND FOOD CHAIN INFORMATION (FCI) DECLARATIONS:

1. I hereby declare that I am the owner/owners agent of the animals(s) described on this form and to the best of my knowledge the particulars shown on this form at the time of signing are true and complete.
2. I authorize the auctioneers to act on my behalf without any responsibility attached to this action in respect or ear numbers and paperwork.
3. I acknowledge and comply by the Conditions of Sale as displayed in the market office.
4. 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.
5. There has been no movement of Foot & Mouth susceptible animals onto the holding within the last 6 days.
6. Cattle on the holding are not under movement restrictions for other animal disease or public health reasons (excluding a 6-day or 13-day standstill).
7. All animals entered for sale have been Pre-movement tested in accordance with DEFRA Bovine Movements regulations for 1 and 2 year testing zones where applicable (cattle over 15 months 2006 cattle over 42 days 2007).
8. The holding is not under movement restriction for bovine Tuberculosis (TB).
9. Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings.
10. 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 substance likely to result in residues in meat.

SIGNED: **ADDRESS (if different box A)**

PRINT NAME: **POSITION:** **MOVEMENT DATE:**

PLEASE INSERT CATTLE INFORMATION ON PAGE 2

*Please Mark Category of sex (Steer, Heifer, Over-age Steer, Over-age Heifer, Cow or Bull)

<u>Lot No</u> <u>Office Use</u> <u>Only</u>	<u>Official Ear Tag</u>	<u>Breed</u>	* <u>Sex</u>	<u>D.o.B</u>	<u>Comments</u> <u>(Sire name, Overage etc.)</u>
1)					
2)					
3)					
4)					
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24)					
25)					
26)					
27)					

T.B STATUS OF HOLDING 1yr
 2yr
 3/4yr Testing

BT VAC?

DATE:

PRE-MOVEMENT TEST DATE (if applicable):