Penrith & District Farmers Mart LLP
Farmstock Auctioneers and Valuers
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CALVES

OFFICIAL ENTRY FORM

This Form Must Accompany All Calves to the Market
PLEASE NOTE IT IS AN OFFENCE TO SELL CALVES UNDER SEVEN DAYS OLD

Date of Sale:

Lot Number	Official Ear Tag No.	Breed	Sex S - Steer Bullock H - Heifer B - Bull	Date of Birth	Remarks
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ARLA producer ❑ YES ❑ NO

FOOD CHAIN INFORMATION TO ACCOMPANY CALVES

1. Have withdrawal periods for veterinary medicines and other treatments been met? ☐ YES ☐ NO
2. Have any calves in the consignment been treated with any veterinary medicinal products or other treatments in the past 28 days? If 'Yes', please provide details on reverse. ☐ YES ☐ NO
3. Are any calves showing signs of abnormality? If 'Yes', please provide details on reverse. ☐ YES ☐ NO

DECLARATION OF TB STATUS

4. Are you currently subject to a yearly or 3km surveillance test? ☐ YES ☐ NO

If YES indicate date of pre-movement test:- Date .....
(For cattle over 41 days of age, if you are subject to the above you must show evidence of a negative test within the last 60 days for each animal).

If NO the date of your last routine herd test? Date .....

Veterinary Practice responsible for the holding

Name: ..... Telephone: .....

I declare that the above information is a true record as of sale date. Signed .....

HOLDING No. .....

NAME .....

ADDRESS .....

..... Postcode .....

TEL/MOBILE No. .....

Email .....

Affix current farm assurance sticker here

FARM ASSURANCE STATUS

complete below or place sticker over the box

FA Number .....

or complete

Expiry Date .....

ADDITIONAL FOOD CHAIN INFORMATION

Veterinary medicinal products or other treatments administered to calves in the consignment			
Ear Tag Number			
Name of Medicine or Product			
Date of Administration			
Withdrawal Period			
Reason for Administration			

Details of any calves showing signs of abnormality?			
Ear Tag Number			
Description of Abnormality			

DECLARATION

THIS DECLARATION MUST BE COMPLETED BY THE KEEPER/OWNER OF THE ANIMALS, AFTER CHECKING WITH THE ANIMAL MOVEMENT RECORDS WHICH HE/SHE IS REQUIRED TO MAINTAIN UNDER EXISTING LEGISLATION.

I .....

(full name of keeper / owner of animals to be moved)

of .....

address of keeper / owner

Declare:

- I am the person responsible for the care and control of the animals to be moved and have responsibility for maintaining records relating to their movement
- I am the person that has examined the stock and seen no signs of any notifiable diseases
- that the stock comes from a premises which has had no movement of animals onto it in the previous 6 days (other than permitted exceptions)
- that the movement complies with the relevant general licence

Vehicle Registration Number(s)	
Name of Haulage Company: (If Applicable)	
Drivers Name & Address: (If Applicable)	