

Agent Details:


**ABERDEEN ANGUS  
CATTLE ENTRY FORM**

Producer Name and Address:		Contact Number:			
		Email Address:			
		Holding Number:			
Farm Assurance:		Organic Number:			
Haulier:	Registration:	Trailer ID:	ABM:		
Load Date:	Load Time:	Unload Date:	Unload Time:		
If cattle are organic tick this box and attach certificate <input type="checkbox"/>					
	Category Steer/Heifer	Official Ear Tag Number	Aberdeen Angus Sire Details	DOB	Breed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
Please detail what these animals have eaten in the last 60 days or the length of time on your holding if less than 60 days (tick as appropriate) <input type="checkbox"/> Protein Concentrate <input type="checkbox"/> Grass/Silage <input type="checkbox"/> Grain <input type="checkbox"/> Compound <input type="checkbox"/> Non-UK grown maize & derivatives <input type="checkbox"/> Non-UK grown soya & derivatives Have cattle in this consignment grazed for a minimum of six months? (Please circle) <b>Yes No</b> Name of feed supplier(s): _____ UFAS Number: _____					

**Declarations (please circle)**

Are cattle supplied as Aberdeen Angus a minimum of 50% Aberdeen Angus?

Yes No

**If you answer YES to any of the statements below, please provide additional information on the Additional Information Sheet (see the reverse)**

Is the holding under movement restrictions for Bovine Tuberculosis (TB)? (If yes attach licence)

Yes No

Is the holding under movement restrictions for any other animal disease or public health reasons (excluding a 6 day standstill)?

Yes No

Are any of the animals stated above still within a withdrawal period for any veterinary treatments administered to the animals while on this holding and previous holdings?

Yes No

To the best of your knowledge, are any of the animals stated above suffering from any disease or condition that could affect the safety of meat derived from them?

Yes No

**I declare that none of the cattle in this consignment are either cloned or progeny of cloned cattle.****I declare that the above cattle have not been fed growth promoters/digestive enhancers since 1<sup>st</sup> January 2001.****I declare that the cattle delivered have been on a farm assured holding for the minimum period of time required by the farm assurance standards and where appropriate, meet the requirements of the West Country PGI status, overleaf.****I declare that Scotch cattle (Highland Meats) have been on a QMS holding from birth to death.****I declare I have correlated all ear tags with the passports supplied and therefore hold all responsibility for any animals delivered with incorrect passports and missing ear tags.****I declare that no analysis of samples taken from animals on the holding or other samples have shown, that the animals in this consignment may have been exposed to any disease, condition or substance that may affect the safety or result in residues in the meat.****Non-UK and Non-Farm Assured cattle only accepted by arrangement with your Dawn Meats' Procurement contact and will be priced at Dawn Meats' valuation.**

Signed:	Printed:	Date:
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## West Country PGI Status

During their lifetime these cattle have been fed 70% forage based diet and have received a suitable period of grazing of a very minimum of 6 months (Supplements may have been fed at weaning and finishing stage, purchasing records must be maintained on the animal feeding log). Cattle must have been finished for a minimum of 60 days.

I understand that information from my farm assurance assessment may be required to check the PGI eligibility of the farm and I hereby give permission for my contracted certification body and Red Tractor Assurance to provide that information to the PGI appointed compliance body if requested.

## Additional Food Chain Information

**Details of Holding Restrictions for Animal Health or Other Reasons**
**Information about animals believed to be suffering from a disease or condition that may affect the safety of meat derived from these animals OR affect the welfare of the animal**

Fill in ear tag numbers of affected animals


Describe the disease, condition or diagnosis if a veterinary surgeon has examined the animal (s)

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Record all veterinary medicines and other treatments with a withdrawal period greater than zero administered in the previous 60 days including quinolones and 3<sup>rd</sup> or 4<sup>th</sup> generation cephalosporins

Ear Tag Number	Name of Medicine Product	Date of Administration	Withdrawal Period

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

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To the best of my knowledge the details stated above are correct.

Signed:	Printed:	Date:

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