

		Please circle
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 in the 'treatment history' section below.	Yes / No
3	Are any of the calves showing signs of abnormality? If 'yes' please provide details in the section below.	Yes / No
4	Are any of the calves Reactor or Inconclusive Reactor to the TB test? If 'yes', relevant movement forms must be provided.	Yes / No
5	Is the holding under a TB restriction order? If 'yes', movement forms, if required, must be provided.	Yes / No
6	Is the holding or area under restrictions for animal health (other than TB) or other reasons? If 'yes' please provide details on the reverse of the form.	Yes / No
7	Has any analysis of samples shown that any animal may have been exposed to substances likely to result in residues in meat?	Yes / No

Treatment History – Veterinary medicinal products or other treatments administered to calves in the consignment

Official Ear Tag	Name of Medicine or Product	Date of Administration	Withdrawal period	Reason for Administration

Signs of Abnormality – Details of Calves showing signs of abnormality

Official Ear Tag	Description of Abnormality

Details of holding or area restrictions for animal health or other reasons

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Details about analysis of samples that have shown that any animal may have been exposed to substances likely to result in residues in meat

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Signature

Date