



ADDITIONAL FOOD CHAIN INFORMATION

Livestock without this form filled in correctly cannot be slaughtered

Details of Holding Restrictions for Animal Health or Other Reasons

Information about Animals Believed to be Suffering from Disease or Conditions 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 or condition, or diagnosis if a veterinary surgeon has examined the animal(s)

Record all veterinary medicines and other treatments with a withdrawal period greater than zero administered within the previous 60 days. Have, to your knowledge, any quinolones or 3rd/4th cephalosporins been used in any of the animals lifetime?

Name of Medicine or 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:** _____