

 dunbia <small>A DIVISION OF DAWN MEATS</small>	Doc Title	Dunbia NI Food Chain Information - Cattle						
	Doc Ref.	DNIFICIC	Issue No	4	Issue Date	14/07/22	No. Pages	1 of 1
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FOOD CHAIN INFORMATION - CATTLE **LEGAL REQUIREMENT TO COMPLETE**

Animals born or reared in the UK (including the Isle of Man) before 01/08/96 MUST NOT be supplied.

Ref: MC2 / MS2 Serial N°	Are any animals listed CLONED OR PROGENY OF CLONED ANIMALS Tick if YES <input type="checkbox"/>		
Declared information for animals listed - Please complete <u>ALL</u> sections (A – F) below:			
A) Tick box if holding under <u>TB movement restriction</u> <input type="checkbox"/>			
B) I DECLARE: <ul style="list-style-type: none"> The holding is not under movement restrictions for any other animal disease or public health reason. Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animal(s) while on this holding and previous holdings. To the best of my knowledge the animals are not suffering from any disease or condition that may affect the safety of meat derived from them. 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 substances likely to result in residues in meat. 			
C) Tick Box to confirm that the animals on this delivery were transported from their holdings in vehicles which were cleaned and disinfected immediately before loading, using a disinfectant authorised by the competent authority. <input type="checkbox"/>			
D) Record all veterinary medicines and other treatments with a <u>withdrawal period greater than zero</u> administered within the <u>previous 28 days</u>:			
Medicine Name			Vet Details
Withdrawal Period			
Date Administered			
E) Have any animals on this FCI been treated with a Cephalosporin or Fluroquinolone antibiotic – If <u>YES</u> tick box <input type="checkbox"/>			
List Eartag number(s)			
F) If the animals do not fulfill all the above statements, tick this box and provide additional information below <input type="checkbox"/>			
Information about animal(s) believed to be suffering from a disease or condition that might affect the safety of meat derived from them			
Identification of animal(s) – or attached list	Describe the disease or condition, or diagnosis if a veterinary surgeon has examined the animal(s)		
Keeper's Signature: (Declared information (A-F) above)			
Print Name:			
Date:			
<u>Additional information – COMPLETE IF HAULIER OR SELF-HAUL: Number of Slips or Falls at Loading</u>			
Slips		Falls	
Haulier Signature:			
Print Name:			
Date:			