

Dunbia – Cattle Food Chain Information Form

Hellenic Producer Code (from remittance):		Contact Number:					
Producer Name and Address:		Email Address:					
		Farm Assurance Number:					
		Holding Number:					
		Vet Attestation No: Not Required if your Farm Assurance Status is valid					
		MRCVS No (7 digits) CPH No (9 digits) Expiry(mm/yy)					
Number of cattle:							
If cattle are organic tick this b	ox and attach certificate \Box	Organic Number:					
Haulier:	Vehicle Registration:	Trailer ID: ABM:					
Load Date & Time Farm: Unload Date & Time Collection Centre:		Load Date & Time Collection Centre: Unload Date & Time					
		Abattoir:					

Declarations (please circle yes or no)

If you answer YES to any of the statements below, please provide additional information in the relevant section below:

Is the holding under movement restriction	ns for Bovine Tuberculosis (TB)? (If y	es attach licence)		Yes	No
Is the holding under movement restriction	ns for any other animal disease or pu	ublic health reasons (excluding a 6-da	y standstill)?	Yes	No
Are any of the animals listed still within a animals while on this holding and previou		y treatments and other treatments ac	lministered to the	Yes	No
To the best of your knowledge, are any o safety of meat derived from them or affe		rom any disease or condition that cou	ld affect the	Yes	No
The animals meet the required Grass Fec	/ West Country PGI declaration (As a	detailed below)		Yes	No
I declare that none of the cattle in this co	nsignment are either cloned or prog	eny of cloned cattle.			
I declare that the cattle listed have not b	een fed growth promoters/digestive	enhancers since 1st January 2001.			
I declare that the cattle delivered have b farm assurance standards	een on a farm assured holding for the	e minimum period of time (90 days) re	equired by the		
I declare that Scotch cattle (Highland Me	ats) have been on a QMS holding from	m birth to death.			
I declare that all Welsh Cattle (if supplied	as Welsh), have been born and rear	ed in Wales (PGI Status).			
I declare I have correlated all ear tags wit	h the passports supplied and therefo	ore hold all responsibility for any anim	als delivered with		
incorrect passports and missing ear tags.					
I declare that no analysis of samples take					
may have been exposed to any disease, o		ct the safety or result in residues in th	e meat.		
West Country PGI /Grass Fed Declaration					
During their lifetime these cattle have be	-	· · ·			
months (Supplements may have been fe					
must have been finished for a minimum required to check the PGI eligibility of th					
provide that information to the PGI appo		or my contracted certification body a	nu keu Tractor Assi	irance	10
Details of Holding Restrictions for Anima					
Information about animals believed to I	pe suffering from a disease or condit	ion that may affect the safety of me	at derived from the	se	
animals OR affect the welfare of the ani	-				
Fill in ear tag numbers of affected anima	ls:				
Describe the disease, condition or diagn	osis if a veterinary surgeon has exar	nined the animal (s)			
Record all veterinary medicines and oth					lave, to
your knowledge, any quinolones, colisti	ns or 3rd/4th generation cephalospo	orins been used in any of the animals	lifetime? If yes pro	vide	
details below.					
Eartag Number	Name of Medicine Product	Date of Administration	Withdrawal	Period	3
Details of analysis of samples taken from have been exposed to any disease or co	÷	-	-		nay

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ABERDEEN ANGUS CATTLE ENTRY FORM

	Cotogony	Official Ear Tag Number	Aberdeen Angus Sire Details					
	Category			DOR	Brood			
	Steer / Heifer	If ear tag details are attached on a	If ear tag details are attached on a	DOB	Breed			
		separate form, tick this box \square	separate form, tick this box \Box					
1								
2								
3								
4								
5								
6								
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11								
12								
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14								
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17								
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19								
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<u> </u>								
		nimals have eaten in the last 30 days or th						
	Protein Concentrate	□ Grass/Silage □ Grain □ Compound □	Non-UK grown maize & derivatives 🛛 N	on-UK grown soya & deriva	atives			

Have cattle in this consignment grazed for a minimum of six months? (Please circle) Yes No UFAS Number:

Name of feed supplier(s):

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

I declare that the livestock were fit to travel at the time of loading and fit for the intended journey.

Having provided the information attached, as requested by Dunbia (UK). I hereby agree that my data be processed for purposes of supplying red meat products. I am aware that the data will be held securely and be shared to relevant third parties. In cases where consent is required, I am aware that I can withdraw my consent at any point as required by the GDPR.

Signed:		Printe	d:	Date:
Slips(s) at loading:	Falls(s) at loading:		I declare that the cattle were fit to travel at journey. Signature of Haulier	the time of loading and fit for the intended

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