

## **Dunbia – Cattle Food Chain Information Form**

Contains Legal Requirements – If not co	nmnlatad correctly	v animals may	i not ha i	hazzanna
contains legal nequilements in not co	inpleted confectiv	y aminiais may		JIUCESSEU

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 di	gits) Expiry(mm/yy)	
Number of cattle:				
If cattle are organic tick this box	and attach certificate $\Box$	Organic Number:		
Haulier:	Vehicle Registration:	Trailer ID:	ABM:	
Load Date & Time Farm:	Unload Date & Time	Load Date & Time Collection Centre:	Unload Date & Time	
	Collection Centre:		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 restrictions for Bovine Tuberculosis (TB)? (If yes attach licence)					No
Is the holding under movement restrictions for any other animal disease or public health reasons (excluding a 6-day standstill)?					
Are any of the animals listed still within a withdrawal period for any veterinary treatments and other treatments administered to the animals while on this holding and previous holdings?					
To the best of your knowledge, are any o safety of meat derived from them or affe		rom any disease or condition that cou	d affect the	Yes	No
The animals meet the required Grass Fed	/ 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 proge	eny of cloned cattle.			
I declare that the cattle listed have not be	een fed growth promoters/digestive	enhancers since 1st January 2001.			
I declare that the cattle delivered have be farm assurance standards	een on a farm assured holding for the	e minimum period of time (90 days) re	quired 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					
I declare I have correlated all ear tags wit			als delivered with		
incorrect passports and missing ear tags.					
I declare that no analysis of samples take	n from animals on the holding or oth	er samples have shown, that the anim	als on this list		
may have been exposed to any disease, o		t the safety or result in residues in the	e meat.		
West Country PGI /Grass Fed Declaratio					
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 the		or my contracted certification body ai	nd Red Tractor Assu	irance	to
provide that information to the PGI appo					
Details of Holding Restrictions for Anima	al Health or Other Reasons				
Information about animals believed to I	o suffering from a disease or condit	ion that may affect the cafety of mos	+ dorived from the		
animals OR affect the welfare of the ani	-	ion that may affect the safety of mea	it derived from the	se	
Fill in ear tag numbers of affected anima	IS:				
Describe the disease, condition or diagn	osis if a veterinary surgeon has exar	nined the animal (s)			
					<u> </u>
Record all veterinary medicines and oth					ave, to
your knowledge, any quinolones, colisti details below.	ns or 3rd/4th generation cephalospo	orms been used in any of the animals	meumer n yes pro	vide	
Eartag Number	Name of Medicine Product	Date of Administration	Withdrawal	Porio	
	Name of Medicine Froduct		withurawar	1 0100	4
Details of analysis of samples taken from	n animals on the holding or other sa	mples that have shown that the anin	als in this consign	ment r	nav
have been exposed to any disease or co					-1

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Please complete information below <u>OR</u> attach a copy of consignment information with official eartag numbers, DOB and Breed.

	Category	Official Ear Tag		
	Steer, Heifer, Young	If ear tag details are attached on a separate form, tick this box $\Box$	DOB	Breed
	Bull, Cow, MB	Please use a separate form for Aberdeen Angus cattle under 30 months.		
		If supplying Herefords, please complete the additional declaration form		
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2				
3				
4				
5				
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		IIs have eaten in the last 30 days or the length of time on your holding if less t Grass/Silage □ Grain □ Compound □ Non-UK grown maize & derivatives □ No		
		t grazed for a minimum of six months? (Please circle) Yes No	- '	
	of feed supplier(s):	UFAS Number:		

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	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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