

	Doc Title	Dunbia NI Food Chain Information - Cattle						
	Doc Ref.	DNIFCIC	Issue No	5	Issue Date	07/05/2025	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. These cattle have been fed a minimum 70% forage-based diet and feeding records maintained. 												
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>:												
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Medicine Name</td> <td style="width: 30%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>Withdrawal Period</td> <td></td> <td></td> </tr> <tr> <td>Date Administered</td> <td></td> <td></td> </tr> </table>	Medicine Name			Withdrawal Period			Date Administered			<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center; vertical-align: top;">Vet Details</td> </tr> </table>		Vet Details
Medicine Name												
Withdrawal Period												
Date Administered												
	Vet Details											
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"/>												
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:												
Additional information – <u>COMPLETE IF HAULIER OR SELF-HAUL</u>: Number of Slips or Falls at <u>Loading</u>												
Slips	Falls											
Haulier Signature:												
Print Name:												
Date:												