



# Greenslade Taylor Hunt

SEDGEMOOR AUCTION CENTRE, NORTH PETHERTON, BRIDGWATER, SOMERSET, TA6 6DF  
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## ENTRY FORM FOR SPECIAL MONTHLY SALE OF SUCKLER COWS, BREEDING BULLS & FOLLOWERS

*Farm Assurance  
Sticker*

**NO STICKER  
NO ASSURANCE**

**BREEDING BULLS 10 MONTHS OLD OR OVER ARE SOLD AS A STOCK BULL CAPABLE OF AND EFFECTIVE AT NATURAL SERVICE. THIS IS A 16 WEEK WARRANTY. ALL COWS PD'D IN CALF OVER 3 MONTHS ARE WARRANTED IN CALF. PD DATES ARE FOR GUIDANCE ONLY. PURCHASERS ARE TO ALLOW TWO MONTHS TOLERANCE BEFORE AND AFTER ANY CALVING DATE GIVEN SUBSEQUENT TO A PD, BEFORE A CLAIM FOR KEEP MAY ARISE. PLEASE RETURN THIS FORM TO THE MARKET OFFICE FOR CATALOGUING PURPOSES**

<b>ACCOUNT NO:</b>	<b>MARKET DATE:</b>
<b>NAME:</b>	<b>LANDLINE NO:</b>
<b>ADDRESS FOR CHEQUE:</b>	<b>MOBILE NO:</b>
	<b>PREMISES OF DEPARTURE IF DIFFERENT:</b>
<b>POSTCODE:</b>	
<b>HOLDING NO:</b>	<b>POSTCODE:</b>
<b>HAULIER NAME:</b>	<b>VEHICLE REGISTRATION:</b>
<b>HAULIER ABM NUMBER:</b>	<b>DISTANCE TRAVELLED:</b>
<b>HAULIER ABM RENEWAL DATE:</b>	<b>FARM TO MARKET:      HRS      MINS</b>
<b>E-MAIL ADDRESS:</b>	

### OWNER KEEPER DECLARATION

a) I/We have examined the stock and seen no signs of foot and mouth disease or other notifiable disease.

b) That the stock comes from a premise which has had no movement of foot and mouth susceptible animals onto it in the previous 6 days (other than in permitted exceptions).

c) That the movement complies with the relevant General Licence.

d) The registration number(s) of the livestock vehicle(s) carrying the stock is/are .....

e) That the number of broad incisor teeth meet the corresponding age of the animal in accordance with MHS Rules.

f) I/We hereby confirm I/We have read and understand the "Food Chain Information for cattle consigned for slaughter for human consumption" document and declare the cattle entered overleaf fulfill all the statements there contained.  
If **NO**, please detail withdrawal period/s:

### TB DECLARATION – FOR ALL CATTLE

I confirm my herd is subject to **1 or 4** (delete as appropriate) yearly routine TB testing. If 42 days old and over and from a 1 yearly routine TB testing herd, please answer the following:

#### FOR TESTED ANIMALS

i) I confirm the cattle offered for sale have been pre-movement tested within the last **60 days** (P&MT)

**Date of first day of test ..... (please complete)**

ii) I confirm that if my cattle are subsequently found not to have been pre-movement tested as required, I will indemnify the purchaser for all his reasonable costs arising from any post movement testing which is imposed and any other purchaser of cattle who has been affected by my selling untested cattle through the "clean" market.

**Signed .....**

**Print Name .....**

**Dated .....**

<b>Ear Numbers/Consignment listed overleaf</b>	<b>Medicine/Treatment</b>	<b>Withdrawal Period Ends</b>

Greenslade Taylor Hunt, as Auctioneers at Sedgemoor Auction Centre, act as principals in all financial transactions. Sale proceeds are not paid into a client bank account and consequently the RICS Client Money Protection Scheme (CMPS) will not apply to protect the Vendor.

**RISK BASED TRADING INFORMATION :**

DATE OF LAST HERD TEST :

HAVE YOU HAD A CASE OF TB ON THE FARM : YES/NO

IF THE ANSWER IS YES, PLEASE STATE DATE ON WHICH THE HERD BECAME OFFICIALLY TB FREE AFTER A TB BREAKDOWN :

BREED:	BULL/COW/HEIFER
DATE OF BIRTH:	EAR TAG NUMBER:
<b>FOR FEMALES</b>	
DATE LAST CALVED:	
SERVICE DETAILS: Running with.....from.....until..... PD'd in calf to .....at.....months on.....	
SERVICE SIRE REGISTERED PEDIGREE NAME:	
HER CALF: BULL / STEER / HEIFER	PEDIGREE NAME:
BREED:	EAR TAG NUMBER:
DATE OF BIRTH:	SIRE:
COMMENTS:	<b><u>RESERVE:</u></b>

BREED:	BULL/COW/HEIFER
DATE OF BIRTH:	EAR TAG NUMBER:
<b>FOR FEMALES</b>	
DATE LAST CALVED:	
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SERVICE SIRE REGISTERED PEDIGREE NAME:	
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BREED:	EAR TAG NUMBER:
DATE OF BIRTH:	SIRE:
COMMENTS:	<b><u>RESERVE:</u></b>

- **PLEASE LIST IN PROPOSED SALE ORDER.**
- **WITHDRAWAL PERIODS:** Stock must not be offered for sale if they have not completed the specified withdrawal period from medical treatments, unless a statement is made to the contrary (**see declaration (f) overleaf**). Vendors of cattle which could be slaughtered for human consumption within 3 months of the date of sale are required to complete the **Food Chain Information Declaration (f)** overleaf. A Food Chain Information document is available for inspection on the Greenslade Taylor Hunt website or at the market office.
- \*Male is insufficient information. Steers are sold warranted clean. Rigs and Bulls must be declared. Heifers are sold warranted maiden. Heifers found to be in calf within 6 months & 5 days may be returned with costs allowed or be subject to an allowance of up to 25%.
- Sire names provided must be of pedigree registered bulls. If the sire is purebred/unregistered, do not provide a name!
- There is a 5% commission rate on catalogued suckler sales.
- **We accept no responsibility for animals incorrectly entered as a result of insufficient information**

**CONTINUATION SHEET NUMBER \_\_\_\_\_**

BREED:	BULL/COW/HEIFER
DATE OF BIRTH:	EAR TAG NUMBER:
<b>FOR FEMALES</b>	
DATE LAST CALVED:	
SERVICE DETAILS: Running with.....from.....until..... PD'd in calf to .....at.....months on.....	
SERVICE SIRE PEDIGREE NAME:	
HER CALF: BULL / STEER / HEIFER	PEDIGREE NAME:
BREED:	EAR TAG NUMBER:
DATE OF BIRTH:	SIRE:
COMMENTS:	<b><u>RESERVE:</u></b>

BREED:	BULL/COW/HEIFER
DATE OF BIRTH:	EAR TAG NUMBER:
<b>FOR FEMALES</b>	
DATE LAST CALVED:	
SERVICE DETAILS: Running with.....from.....until..... PD'd in calf to .....at.....months on.....	
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HER CALF: BULL / STEER / HEIFER	PEDIGREE NAME:
BREED:	EAR TAG NUMBER:
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COMMENTS:	<b><u>RESERVE:</u></b>

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BREED:	EAR TAG NUMBER:
DATE OF BIRTH:	SIRE:
COMMENTS:	<b><u>RESERVE:</u></b>