



Holding Number : 36/064/8002

ENTRY FORM FOR SATURDAY STORE MARKET **FOR DAIRY*, STORE CATTLE*, STIRKS***

(*Please delete as appropriate and use a separate form for each section)

ACCOUNT NO:	MARKET DATE:
NAME:	LANDLINE NO:
ADDRESS FOR CHEQUE:	MOBILE NO:
	PREMISES OF DEPARTURE AND HOLDING NUMBER (IF DIFFERENT):
POSTCODE:	
HOLDING NO:	POSTCODE:
HAULIER NAME:	VEHICLE REGISTRATION:
HAULIER ABM NUMBER:	DISTANCE TRAVELLED:
HAULIER ABM RENEWAL DATE:	FARM TO MARKET: HRS MINS
E-MAIL ADDRESS: (IN ORDER TO RECEIVE SALE RETURNS ON DAY OF SALE)	

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:

g) I/We hereby warrant that I/we have the right to sell the stock entered for sale and that their associated paperwork is correct. I/We indemnify the auctioneers and the purchaser against all actions, proceedings, claims, demands, costs, charges and expenses which they may sustain or incur by reason of any defect in my/our title to, or the accompanying paperwork for, the stock entered.

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**.

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.

Ear Numbers/Consignment listed overleaf	Medicine/Treatment	Withdrawal Period Ends

Signed

Dated

Print Name.....

