

GREENSLADE TAYLOR HUNT

SEDGEMOOR AUCTION CENTRE, NORTH PETHERTON, BRIDGWATER, SOMERSET, TA6 6DF
Telephone: 01278 410278 Fax: 01278 410282 E-mail: market@gth.net Holding Number: 36/064/8002
“PRIME CATTLE UNDER/OVER 48 MONTH MONDAY EXEMPT MARKET”

**FOR TESTED/UNTESTED CATTLE FROM 1 OR 2 YEARLY
 ROUTINE TESTING HERDS AND CATTLE FROM 3 OR 4
 YEARLY ROUTINE TESTING HERDS ENTERING THE EXEMPT MARKET**

Farm Assurance Sticker

**NO STICKER
 NO ASSURANCE**
 NDFAS does not assure
 under 30 month cattle

PLEASE PRIOR NOTIFY CATTLE WITH THE MARKET. IT HELPS US TO HELP YOU.

ALL STOCK ARE SOLD AS BEING FIT FOR HUMAN CONSUMPTION. STOCK REJECTED BY THE MHS AT SLAUGHTERING WILL NOT BE PAID FOR, INCLUDING BUT NOT SOLELY THOSE WITH INELIGIBLE EAR TAGS, INCORRECT PAPERWORK OR TEETH ISSUES

ACCOUNT NO:	MARKET DATE:
NAME:	LANDLINE NO:
ADDRESS FOR CHEQUE:	MOBILE NO:
	PREMISES OF DEPARTURE 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:	

OWNER KEEPER DECLARATION

- a) We have examined the stock and seen no signs of foot and mouth disease or other notifiable disease.
- b) That the stock comes from premises which has had no movement of foot and mouth susceptible animals onto it in the previous 6 days (other than 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 meets the corresponding age of the animal in accordance with MHS Rules.
- f) I hereby declare I am the owner or the owners agent of the bovine animals described.

TB DECLARATION

I confirm my herd is subject to **1 – 2 / 3 - 4** (delete as appropriate) yearly routine TB testing.
 I require my cattle to be sold in the exempt market and understand these cattle can only go direct to slaughter or to approved or exempt finishing units.

NB. SVS have placed a restriction on cattle from a 3 and 4 yearly routine testing herds and **tested** cattle from 1 and 2 yearly routine testing herds going home.
 cattle from 1 and 2 yearly routine testing herds, which have **not** been tested in the last 60 days, **may** return home.
 We therefore ask vendors to ensure ear tags and paperwork are correct.

I hereby authorise GTH to contact SVS to determine my TB status if so required.

Signed

Print Name **Dated**

(This document MUST be completed by the owner or keeper of the animals and handed to Market Staff on arrival PRIOR to unloading)

