



Greenslade Taylor Hunt

SEDGEMOOR AUCTION CENTRE, NORTH PETHERTON, BRIDGWATER, SOMERSET, TA6 6DF
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ENTRY FORM FOR ORGANIC STORE CATTLE, WEANED CALVES & CALVES OVER 12 WEEKS OLD

ALL CATTLE MUST BE PRIOR NOTIFIED FOR CERTIFICATION CLEARANCE
AT LEAST 2 WEEKS AHEAD OF SALE DATE

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) 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.

I confirm my herd is subject to **1 or 4** (delete as appropriate) yearly routine TB testing. If over 42 days old and over and from a 1-2 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.

If **NO**, please detail withdrawal period/s:

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

Signed

Dated

Print Name.....

