

# GREENSLADE TAYLOR HUNT

**SEDGEMOOR AUCTION CENTRE, NORTH PETHERTON, BRIDGWATER, SOMERSET, TA6 6DF**  
 Telephone: 01278 410278 Fax: 01278 410282 E-mail: [market@gth.net](mailto:market@gth.net) Holding Number: 36/064/8002

## SALE OF PEDIGREE RARE, NATIVE & TRADITIONAL CATTLE, SHEEP, PIGS AND ALPACAS

to be held on  
**SATURDAY 2<sup>nd</sup> JULY 2011**

*Farm  
 Assurance  
 Sticker*  
**NO  
 STICKER  
 NO  
 ASSURANCE**

All stock to be sold in pounds. Commission will be charged at 5%.  
 £2.50/head toll on single lots. £3.50 toll on cows with calves at foot.

### ENTRY FORM FOR COWS, BULLS, HEIFERS & CALVES AT FOOT

to be returned to the above office by Saturday 10<sup>th</sup> June 2011

<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>

**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 a premise 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) All heifers are warranted clean unless otherwise stated.
- g) I hereby declare I am the owner or the owner's agent of the bovine animals described.

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

Signed .....

**TB DECLARATION - FOR ALL CATTLE**

I confirm my herd is subject to **1 or 2 / 3 or 4** (delete as appropriate) yearly routine TB testing. If over 42 days old and from a 1-2 yearly routine TB testing herd, please answer the following:

**FOR TESTED ANIMALS**

- i) I confirm for cattle moving off my premises within **1 month** of arrival, that those cattle were pre-movement tested, if so required, prior to moving onto my holding.  
 Date of movement on to holding..... (please complete)  
**Or**
- ii) 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)

- iii) 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 whose cattle status has been affected by my selling untested cattle through the "clean" market.

**Print Name**..... **Dated** .....

I/We hereby declare the following Blue Tongue vaccination information for stock listed on this entry form  
 Date of first injection ..... Date of second injection .....  
 Signed ..... Date .....

**A COPY OF THE PEDIGREE CERTIFICATE FOR EACH ANIMAL IS TO BE ENCLOSED**

LOT NUMBER (OFFICE USE):		BREED:	
PEDIGREE NAME:		REGISTRATION NUMBER:	
SIRE:		DAM:	
DATE OF BIRTH:		EAR TAG NUMBER:	
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:	
EAR TAG NUMBER:		REGISTRATION NUMBER:	
DATE OF BIRTH:		SIRE:	
COMMENTS:			

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