

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

“SPECIAL MONTHLY SALE OF SUCKLERS”

**FOR COWS, BULLS, HEIFERS & CALVES AT FOOT
 FROM 3 & 4 YEARLY ROUTINE TESTING HERDS OR FROM
 1 & 2 YEARLY ROUTINE TESTING HERDS, BEING
 42 DAYS OF AGE OR OLDER AND HAVING BEEN PRE-MOVEMENT**

*Farm Assurance
 Sticker*
**NO STICKER
 NO ASSURANCE**
 NDFAS only assures
 over 30 month
 dairy cows

PLEASE RETURN TO MARKET OFFICE FOR CATALOGUE

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

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 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 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 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.....

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

ONE BOX MUST BE TICKED:

TB HERD TESTING REGIME

1YR	2YR	3YR	4YR
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TB TEST DATE – DATE CATTLE INJECTED

NAME **FARM**

LOT NUMBER (OFFICE USE):	COPY OF PEDIGREE CERTIFICATES ENCLOSED: Y / N
BREED:	BULL/COW/HEIFER
DATE OF BIRTH:	EAR TAG NUMBER:
FOR FEMALES	
DATE LAST CALVED:	
SERVICE DETAILS: Running with.....from.....until..... PD'd in calf toat.....months on.....	
SERVICE SIRE PEDIGREE NAME:	
HER CALF: BULL / STEER / HEIFER	PEDIGREE NAME:
BREED:	EAR TAG NUMBER:
DATE OF BIRTH:	SIRE:
COMMENTS:	<u>RESERVE:</u>

LOT NUMBER (OFFICE USE):	COPY OF PEDIGREE CERTIFICATES ENCLOSED: Y / N
BREED:	BULL/COW/HEIFER
DATE OF BIRTH:	EAR TAG NUMBER:
FOR FEMALES	
DATE LAST CALVED:	
SERVICE DETAILS: Running with.....from.....until..... PD'd in calf toat.....months on.....	
SERVICE SIRE PEDIGREE NAME:	
HER CALF: BULL / STEER / HEIFER	PEDIGREE NAME:
BREED:	EAR TAG NUMBER:
DATE OF BIRTH:	SIRE:
COMMENTS:	<u>RESERVE:</u>

- **PLEASE LIST IN PROPOSED SALE ORDER.** It helps us to enable a smooth running of the sale if you could indicate clearly how your animals are to be lotted i.e., in group(s) or singly. Every effort will be made to sell your stock in the order listed, however we do not guarantee that order if wild animals put staff at risk.
- **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%.
- All cattle born on or after 15th April 1998 must have two tags. Incorrectly identified cattle will be licensed back to the departure premises.
- 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 _____

LOT NUMBER (OFFICE USE):	COPY OF PEDIGREE CERTIFICATES ENCLOSED: Y / N
BREED:	BULL/COW/HEIFER
DATE OF BIRTH:	EAR TAG NUMBER:
FOR FEMALES	
DATE LAST CALVED:	
SERVICE DETAILS: Running with.....from.....until..... PD'd in calf toat.....months on.....	
SERVICE SIRE PEDIGREE NAME:	
HER CALF: BULL / STEER / HEIFER	PEDIGREE NAME:
BREED:	EAR TAG NUMBER:
DATE OF BIRTH:	SIRE:
COMMENTS:	<u>RESERVE:</u>

LOT NUMBER (OFFICE USE):	COPY OF PEDIGREE CERTIFICATES ENCLOSED: Y / N
BREED:	BULL/COW/HEIFER
DATE OF BIRTH:	EAR TAG NUMBER:
FOR FEMALES	
DATE LAST CALVED:	
SERVICE DETAILS: Running with.....from.....until..... PD'd in calf toat.....months on.....	
SERVICE SIRE PEDIGREE NAME:	
HER CALF: BULL / STEER / HEIFER	PEDIGREE NAME:
BREED:	EAR TAG NUMBER:
DATE OF BIRTH:	SIRE:
COMMENTS:	<u>RESERVE:</u>

LOT NUMBER (OFFICE USE):	COPY OF PEDIGREE CERTIFICATES ENCLOSED: Y / N
BREED:	BULL/COW/HEIFER
DATE OF BIRTH:	EAR TAG NUMBER:
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DATE OF BIRTH:	SIRE:
COMMENTS:	<u>RESERVE:</u>