

**ENTRY FORM & DECLARATION**

**FFURFLEN DA BYW**

MARCHNAD CAERFYRDDIN

FOR THE MOVEMENT OF LIVESTOCK TO CARMARTHEN MART

I/We declare that;

1. We have examined the stock as listed overleaf and find no sign of FOOT & MOUTH DISEASE or any other notifiable disease.
2. The stock listed overleaf come from premises which have had no movement of Foot & Mouth Susceptible Animals onto them in the previous 6 days.
3. That the relevant animals below, which are 6 weeks old and over are; (\*delete as applicable)
4. Come from a Holding where the TB Testing interval period is 1/2/3/4 years and that they have an updated test in the last 60 days, prior to the date of sale (evidence enclosed)

Date of Test/Dyddiad Prawf:

Veterinary Practice/Milfeddyg:

1. That these are Barren cows and are destined for slaughter purposes only and do not require an updated Test but come from a Holding which has no current movement restriction.

d) The movement complies with the relevant General Licence and has been cleansed and disinfected prior to leaving the holding of origin.

e) The vehicle is to be cleansed at Mart/Farm.

f) Agree to the Auctioneers charges levied for cleansing and disinfecting.

g) I/We understand that all stock is sold under the LAA Conditions of Sale or any other separate conditions denoted by the Auctioneers, always apply.

**FOOD CHAIN INFORMATION – FOR SLAUGHTER STOCK**

i) The Holding is no under movement restriction for Bovine Tuberculosis (TB)

ii) Cattle on the Holding are not under movement restrictions for other animal disease or public health reasons (excluding 6 days standstill)

iii) Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this Holding and previous holdings

iv) To the best of my knowledge, the animals are not showing signs of any disease or condition that may affect the safety of meat derived from them

v) No analysis of samples taken from animals on the holding or other samples has shown that the animals in this consignment may have been exposed to any disease or condition that may affect the safety of the meat or to substances likely to result in residues in the meat.

***If the animals do not fulfil all the above statements for Food Chain Information purposes, tick this box and provide additional information on a separate attached document***. Tick **□**

**LIST OF LIVESTOCK TRANSPORTED IN VEHICLE**

Registration Number of Vehicle/ Rhif Y Cerbyd:

To: CARMARTHEN MART on

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| --- | --- | --- | --- | --- | --- | --- |
| **Lot No.** | **Eartag No / Rhif Clust** | **Breed / Brîd** | **Bull** | **Steer** | **Heifer** | **D.O.B / Dyddiad Geni** |
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1. FARM ASSURANCE DECLARATION

***Livestock for Slaughter***

Have the animals you are selling been on your Farm Assured Holding (or a series of Farm Assured holdings) for the required assurance residency period? (*delete as appropriate*)

**ATTACH FARM ASSURANCE STICKER/DETAILS BELOW**

**Cattle** – 90 days YES / NO / SOME OF THOSE ENTERED FOR SALE

**Sheep** – 60 days YES / NO / SOME OF THOSE ENTERED FOR SALE

**Arla Producer** Yes **□** No **□**

***Failure to fix a sticker and complete the above information (as appropriate) will result in the animal being classed as Non-Farm Assured at the time of sale. It is the responsibility of the Vendor to provide true & complete details regarding Farm Assurance. In the case of any Farm Assurance details provided being incomplete or incorrect, the purchaser of the Lot(s) may, at their discretion, lodge a claim, in which case the Vendor may be liable.***

I/We declare that the Farm Assurance details I have included on this form at the time of signing are true and correct *Tick* **□**

**2. GENERAL DATA PROTECTION REGULATIONS 2018 (GDPR) DECLARATION**

I consent to my submitted data being collected and stored *Yes*  **□** *No*  **□**

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| **NAME & ADDRESS / ENW & CYFEIRIAD:**…………........................................................................................................………………………………………………………………………………………………………………………………………………………………………………. |
| **TELEPHONE NUMBER(S) / RHIF FFON:** ………………………………………………………………………………….. | **EMAIL ADDRESS / E BOST:** ………………………………………………………………………………….. |
| **HOLDING NUMBER / RHIF Y DALIAD:** ……………………………………………………………………………………. | **SIGNED / ARWYDDWYD GAN:**  …………………………………………………………………………………… |

Ref: CarmarthenMartBookingInForm17.02.22.docx