**Model document**

**Food chain information for cattle and calves consigned for slaughter for human consumption**

|  |  |
| --- | --- |
| Holding number |  |
| Keeper's name |  |
| Address of holding |  |
| Telephone number, including mobile |  |
| Email address (optional) |  |
| Individual identification mark(s) - or attach list  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Declaration** |
| The holding **is not** under movement restriction for bovine tuberculosis (bTB)\***OR**The holding **is** under movement restriction for bovine tuberculosis (bTB)\*\*delete oneCattle/calves on the holding are not under movement restrictions for other animal disease or public health reasons (excluding a six-day standstill (does not apply in Wales)).Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings. 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.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 meat or to substances likely to result in residues in meat. |
| Keeper's signature |  |
| Print name |  |
| Date |  |
|  |
| **If the animals do not fulfil all the above statements, tick this box and provide additional information on an attached document\*\*** |  |

\*\* See additional model document

**Additional model document**

**Additional food chain information for cattle and calves**

|  |
| --- |
| **Information about animals showing signs of a disease or condition that may affect the safety of meat derived from them** |
| Identification of animals - or attach list |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Describe the disease or condition, or diagnosis if a veterinary surgeon has examined the animal(s)  |  |
| **Record all veterinary medicines and other treatments with a withdrawal period greater than zero administered within the previous 60 days** |
| Name of medicine or product |  |  |  |
| Date of administration |  |  |  |
| Withdrawal period |  |  |  |
| Name and address of private veterinarian normally attending the holding of provenance |  |
| **Details of holding movement restrictions for animal health or other reasons** |
|  |
| **Details of analysis of samples taken from animals on the holding or other samples that have shown that the animals in this consignment may have been exposed to any disease or condition that may affect the safety of meat, or to substances likely to result in residues in meat** |
|  |
| Keeper's signature |  |
| Print name |  |
| Date |  |