

PART A Regulatory FOOD CHAIN INFORMATION (Cattle) Revised 14.12.2018 (In accordance with EU Food Hygiene Regulations)		Plant Use Only : Plant Name: Ashbourne Meat Processors, Roscrea EU Approval Number: EC 382																
SECTION 1: TO BE COMPLETED BY THE HERD KEEPER (PLEASE USE BLOCK CAPITALS)																		
Name and address of herd-owner: Name and address of Private Veterinary Practitioner:		Number of cattle per category: <table border="1" style="width: 100%;"> <tr> <td>Cows</td> <td></td> </tr> <tr> <td>Bullocks</td> <td></td> </tr> <tr> <td>Heifers</td> <td></td> </tr> <tr> <td>Bulls</td> <td></td> </tr> <tr> <td>Young Bulls</td> <td></td> </tr> <tr> <td>Veal</td> <td></td> </tr> </table>	Cows		Bullocks		Heifers		Bulls		Young Bulls		Veal					
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Heifers																		
Bulls																		
Young Bulls																		
Veal																		
Herd Number:		Total Number of Cattle:																
Producer Declaration to Slaughter Plant: Food Chain Information to be supplied by the herd keeper of the cattle to be slaughtered. In the case of the _____ cattle in this consignment, the identity documents of which accompany this declaration, please answer YES or NO to the following statements (circle Y for Yes/N for No). I declare that, to the best of my knowledge:		Please ensure all answers are circled, as appropriate. Failure to do so will render the document invalid.																
1. Relevant and appropriate passports and/or movement permits accompany/will accompany these animals to the slaughterhouse 2. Each animal's hide is clean enough not to present an unacceptable risk to good hygiene practice during slaughter and dressing operations 3. Each animal is tagged with appropriate official identification 4. The farm of origin is free of any disease restriction or investigation (See explanatory note 1 under) 5. The cattle are healthy and have not tested positive for any condition that might render their meat unfit for human consumption 6. The cattle are free from any substance, including feed, which may render their meat unfit for human consumption 7. The prescribed withdrawal period has been observed for any medication administered 8. All animals are fit for the intended journey and can walk <u>unaided</u> and be transported without undue pain or suffering		<table border="1" style="width: 100%;"> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> </table>	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Y	N																	
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If the animals fulfil <u>ALL</u> the above statements, please sign below. If the animals do NOT fulfil <u>ALL</u> the above statements, do not sign below, but instead please provide additional information and sign PART B overleaf.																		
*Signature of Herd Keeper: _____		Date: _____																
*MAY ONLY BE SIGNED BY HERD KEEPER. PLEASE TURN OVER TO SIGN PART C IF APPLICABLE																		
Time of loading	Place of loading																	
ATTACH ALL RELEVANT PASSPORTS TO THIS DOCUMENT																		
Explanatory Note 1: Under the Regulations, animals must <u>not</u> come from a holding or area subject to movement prohibition or other restriction (including bovine tuberculosis) for reasons of animal or public health, except where the competent authority so permits. Cattle may therefore be presented for slaughter once they come from a herd where no movement restrictions to slaughter plants apply or where movement is allowed with a permit from the Department of Agriculture, Food and the Marine.																		
SECTION 2: TO BE COMPLETED BY THE HAULIER/DRIVER (PLEASE USE BLOCK CAPITALS):																		
Name of Haulier/Driver:	Vehicle Reg No:	DAFM Approved Haulier No:																
I declare that the transport vehicle was clean at the time of loading and that all the cattle described above were fit for the intended journey and can walk unaided onto the transport vehicle and can be transported in the vehicle without undue pain or suffering. Vehicle will be washed and sanitised after each delivery.																		
Signature of Haulier:	Date: _____																	
SECTION 3: TO BE COMPLETED BY THE FBO (PLEASE USE BLOCK CAPITALS):		LOT NO:																
Date of arrival of above consignment:	Time of unloading of above consignment:																	
I have requested, received and checked the Food Chain Information for the cattle described above. They have been examined by me and (with the exception of the _____ animals that were dead on arrival) as far as I can judge:																		
Are correctly identified (with identity tags plus passport/permit)**		Do not come from a restricted holding**																
Are healthy**		Are in a satisfactory state as regards welfare**																
Clean Livestock Policy	Category A=Satisfactory**	Category B=Acceptable** (with remedial action)																
(Select number of animals in A,B +/or C)		Category C= Unacceptable (require extensive remedial action and should not be presented for AME)																
Cattle in categories A and B are accepted by me and presented for ante-mortem examination**																		
Signature:	Date:	FBO Approval Number/Stamp: EC 382																

****PLEASE ENTER THE NUMBER OF CATTLE IN EACH BOX**

PART B Additional Regulatory FOOD CHAIN INFORMATION

To be completed by Herd Keeper when animals do not comply with all statements in Producer Declaration in PART A

Information about animals which have come from a holding or area which is under disease restriction or investigation.

Restriction due to TB	circle	YES	NO		Investigation (e.g. poisoning)	circle	YES	NO
Entire lot	circle	YES	NO	OR	Individual animals	circle	YES	NO

Information about animals showing signs of a disease or condition that may affect the safety of meat derived from them

List tag number of animals:

Describe any relevant diseases or conditions that may affect the safety of the meat (or state diagnosis if a veterinary surgeon has examined the animal(s)) ***	
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Describe any analysis of samples taken from animals on the holding, or other samples, showing 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/medications likely to result in residues in meat ***	
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I declare that the information provided on this PART B is complete and correct.

I confirm that the declarations where I have answered YES in Part A, Section 1 (Producer Declaration) are correct.

Signature of Herd Keeper: _____

Print Name: _____ Date: ____ / ____ / ____

PART C Non Regulatory FCI**Additional Information which may be required by the Slaughterhouse- to be completed by the Herd Keeper**

In addition to the above, I also declare that to the best of my knowledge:

1. **Herd Keeper phone number:** _____2. Are Animals listed CLONED or PROGENY of CLONED ANIMALS? Tick box if yes 3. **Agent Name:** _____Signature of Herd Keeper: _____ Date: ____ / ____ / ____

***Delete if not applicable