

IMPORTANT – LEGAL REQUIREMENT – COMPLETE BOTH SIDES OF THIS DOCUMENT

FOOD CHAIN INFORMATION FOR SHEEP				
Delivery Date:	Booking Ref:	Producer Code:	Agent:	Farm Assurance Sticker:
Name & Address (Owner):		FA Scheme & Number:		Stick Here
		Own transport (circle)	YES/NO	
		If NO, Haulier Approval Number:		
Holding Number				
Holding N° Address (if different from above)		Vehicle Registration/ Trailer No		
		Telephone No:		
		Email:		
No. of Lambs	ID Mark (e.g. Green stripe)	UK Tag Number		
Condition of stock when loaded: (Please circle) Clean Dry Wet Dirty				
Information about holding restrictions or results of analysis relevant to public health				
<ul style="list-style-type: none"> • The holding is not under movement restrictions for any other animal disease or public health reason. • Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animal(s) while on this holding and previous holdings. • To the best of my knowledge the animals are not suffering from 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. 				
Please (X) the below boxes if applicable:				
<input type="checkbox"/>	I confirm that these lambs have been produced in accordance to the Red Tractor Assurance Standards, and have resided on an assured farm for no less than 60 days .			
<input type="checkbox"/>	I declare that all Welsh lambs (if supplied as Welsh) have been born and reared in Wales (PGI Welsh Status).			
<input type="checkbox"/>	I confirm that these lambs have been resident on the final farm for a minimum of 20 days .			
<input type="checkbox"/>	I confirm that these lambs have not been transported in the last 2 weeks of their gestation period.			
<input type="checkbox"/>	I confirm that these lambs were born and reared in the United Kingdom .			
Producer Signature : _____ Print Name : _____ Date: _____				
Information about animal(s) believed to be suffering from a disease or condition that might affect the safety of meat derived from it/them.				
Identification of animal(s) – or attached 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 28 days.				
Name of medicine				
Date of administration				
Withdrawal period				
Producer Signature : _____ Print Name : _____ Date: _____				

ORGANIC

- I confirm that these animals listed above have been kept to full organic standards, and have not been dipped in Organophosphates (OP).
- If you are a **new supplier**, an up-to-date organic certificate of registration must be sent to the procurement department prior to delivery of livestock (Awel.Jones@dunbia.com).
- If this form is not completed in all appropriate categories, the stock may not be accepted for slaughter.
- **Organic License Number** _____

Producer Signature : _____ **Print Name :** _____ **Date :** _____

TASTE THE DIFFERENCE (WELSH HILL ONLY)

- I confirm that I have read the protocol for the production of lambs for the Taste the Difference range and I fully comply with the quality specification and farm criteria required for the scheme.

Producer Signature : _____ **Print Name :** _____ **Date :** _____

YFC

- I confirm that I have read the protocol for the production of lambs for the YFC range and I fully comply with the quality specification and farm criteria required by the scheme. I also confirm that the lambs were born and reared in Wales.

Producer Signature : _____ **Print Name :** _____ **Date :** _____

COLLECTION CENTRES

- I confirm that these lambs have not been in a Collection Centre for more than 4 hours.

Lot arrival time: _____ **Lot departure time :** _____

CPH Number: _____ **RTA Approval Number:** _____

Collection Centre Name : _____

Print Collection Centre Operative Name : _____ **Date :** _____