**SELBY LIVESTOCK AUCTION MART LTD**

**CATTLE MOVEMENT FORM**

**NAME .................................................................................... DATE ......................................................**

**ADDRESS ..............................................................................................................................................**

**EMAIL...................................................................VAN NO..........................................................................**

**TEL NO..................................................................MOBILE NO.............................................................**

**HOLDING NO........................................................ FABBL NO...............................................................**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AUCTION**  **LOT** | **BULL/COW**  **STEER/HEIFER** | **EAR TAG NUMBER** | **DATE OF**  **BIRTH** | **BREED** | **FABBL**  **Y/N** |
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**DECLARATION**

1. The holding **is not** under movement restriction for bovine Tuberculosis (TB)
2. Cattle on the holding are not under movement restrictions for other animal disease or public health reasons (excluding a 6-day standstill).
3. Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings.
4. 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.
5. 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 substances likely to result in residues in meat.
6. All cattle sold as FABBL must have been on FABBL holdings for a total of 90 consecutive days
7. All **Store Cattle** must comply with the ‘6 Day Standstill Rule’

**All of the animals listed on the attached/ associated paperwork have originated from establishments that have received regular animal health visits from a veterinarian for the purpose of the detection and signs of disease.**

***ATTENTION ALL STORE CATTLE VENDORS:***

**BOVINE T.B. Please indicate by ticking the appropriate box which Testing Period for**

|  |  |
| --- | --- |
| **1-2 Years** | **3-4 Years** |
|  |  |

**TB applies to the Holding. Store animals over 42 days old & from a 1-2 Year test**

**Holding must have been tested negative within the previous 60 days of the sale & a copy of the relevant test certificate must be provided.**

**If the 1-2 Year Testing Period Applies Please State How Many Days Remain on the Test .................**

**Date of Test...............................SIGNED................................................................................. DATE......................................................**