## West Scottish Lamb Ltd.

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Cattle Born before 01/08/1996 MUST NOT be entered

FOOD CHAIN INFORMATION FOR CATTLE					
Date of Movement			Number of		FQA
			Cattle		Sticker
Producers Name & Address		FQA No.		Sucker	
& Holding Number		Scheme			
Please attach one of your BCMS stickers		Scheme			
		Expire Date		Stick here	
		7.	tails of Vet Surgeon		
			talls of Act Oct Scott		
Telephone No			e-mail		
Fax No			Please	,	
			Complete		
Information about holding restrictions or results of analysis of samples relevant to public health for listed					
animals on reverse of this form					
The holding is not under movement restriction for bovine Tuberculosis (TB)*  OR					
The holding is under movement restriction for bovine Tuberculosis (TB)*					
*delete one					
The holding is not under movement restrictions for any other animal disease or public health reason					
<u> </u>					
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.					
If the animals do not fulfill all the above statements, tick this box and provide additional information below					
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 60 days					
Name of medicine					
Date of administration	0.				
Withdrawal period					
Keeper's signature					
Print name				•	
Date					