

FOOD CHAIN INFORMATION FOR SHEEP (QMS)



IMPORTANT – LEGAL REQUIREMENT – THIS DOCUMENT MUST BE COMPLETED IN FULL

Delivery Date:						Producer Code (if applicable)			Farm Assurance Sticker (if supplied):						
Name & Address (Owner):							Agent:Farm Stock (Scotland) Limited			заррпса).					
								FA Scheme/Number:							
								Own Transport? YES / NO							
Holding Number							If NO, Haulier Approval Number			<stick here=""></stick>					
Laadia s A	-1-1	0 11-1	alian as N	li i ana la n	/:£l	:cc						_			
	Loading Address & Holding Number (if different from owners' address):					Telephone:									
							Email (if applicable)								
No of	No of ID Mark			Tag Applic		able S	cheme (tick)		Condition of s		k when loaded: (Please circle)				
Lambs	(e.g.0	Green e)		nber	QM	SE	British	Other (please state)		Clean	Dry	Wet	Dirty		
	Information about holding restrictions or results of analysis relevant to public health. Sign at the end of this document to confirm the below:														
								ny other animal di					unimal(a)		
while on								inary medicines a	nu	other treatm	enis aun	ministered to the a	iriiriai(S)		
								n cephalosporins							
								disease/condition olding or other sar							
	e been e	expose						that may affect the safety of meat or to substances likely to result in							
			n this c	consigr	nmen	are	either o	cloned or progeny	of	cloned anim	als				
Please pla		•	•												
FOR QMS assured lambs: I confirm that these lambs were born and reared in Scotland and spent the entirety of their lives on QMS Assured holdings.								ety of their							
I cor	firm the	se lan	nbs ha	ve res	ided (on th	e final f	arm for a minimu	m (of 20 days.					
I cor	firm tha	t thes	e lamb	s have	e not	beer	transp	orted in the last 2	2 w	eeks of the	ir gestat	ion period.			
			nal(s)	believ	ed to	be s	ufferin	g from a disease	9 O	r condition	that mig	ht affect the safe	ety of meat		
derived from) – or a	attach	list										
Describe th						osis	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															
									pe	riod greater t	han zero	administered wit	hin the		
previous 28 days. Please attach additional sheet if Name of medicine Date								drawal period							
Data Prote	ction														
		Dunbia	is red	uired 1	to hol	d mv	persor	nal information to r	me	et legal oblid	ations a	nd that my data m	nav be		
								the requirements							

I declare the above information is correct and that all animals supplied conform to the applicable scheme requirements

Producer Signature:

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DBW029b	1	1 of 1	18/02/2022	James Edwards	Stuart McLoughlin	Technical