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| **PILGRIM’S LIVESTOCK DELIVERY DECLARATION*****Food Chain Information (FCI) For Sheep*** |
| ***Producer Details*** |
| Trading Name/Producer Name: | Producer Code: |
| Address:Postcode: | Farm Assurance Number: |
| Identification Mark: |
| Email Address: | Telephone Number: |
| CPH Holding Number: |  |  |  |  |  |  |  |  |  | Flock Number: |
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| **Please state the number of animals under the applicable scheme:** |
| Welsh PGI | West Country PGI | British | Organic | Abervale | Dorset Breed | Saltmarsh | Ewes | Other (please specify) | **Total Number** **of Stock** |
|  |  |  |  |  |  |  |  |  |  |
|    | I confirm that all animals have resided on farm assured holdings for the last 60 days before slaughter (last farm minimum 30 days) |
|  | All animals have been born, reared and finished on this holding |
|  | Animals have been bought in as stores to finish on this holding |
|  | Animals are a combination of homebred and bought in stores |
| ***Transport Declaration******I declare that this vehicle has been cleaned and disinfected with a DEFRA approved disinfectant before loading, and the animals listed above are fit for transport at the time of loading.*** |
| Haulier Name: |
| Haulier ABM Number: | Vehicle Registration Trailer Number: |
| Driver Print Name: | Driver Signature: |
| Time loaded at farm:\_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_ \_\_\_\_\_ | Time arrived at slaughter point:\_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_ \_\_\_\_\_ | Time unloaded at slaughter point:\_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_ \_\_\_\_\_ |
| ***Animal Health and Treatments*** |
| Name of Vet/Veterinary Practice:  |
| **Please confirm the following statements:** |
|  | All withdrawal periods have been observed for all veterinary medicines and any other treatments administered to the animals on this holding and previous holdings (including any medicated feed, any abnormalities in the animals and any restrictions in place for health purposes).  |
|  | No Critically Important Antibiotics (CIA’s) Quinolones, 3rd/4th generation Cephalosporins or Colistin have been administered to these animals on this holding.  |
|  | No animals in this consignment have been produced using cloning and/or genetic modification through transgenic methods. |
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| **Please list all veterinary medicines and other treatments including medicated feed with a withdrawal period greater than zero administered within the last 28 days.** |
| **Name of Medicine** | **Date of Administration** | **Withdrawal Period** |
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| ***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)  |  |
| Describe the disease or condition, or diagnosis if a veterinary surgeon has examined the animal(s) |  |

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| **Welsh PGI Declaration**I confirm that animals have been born, reared & finished within Wales. During their lifetime of the lambs, they have been extensively reared and fed predominately on grass. Lambs are no more than 12 months of age and have not bred. |
| **West Country PGI Declaration**I confirm that animals have been born, reared & finished within the West Country Region comprising of the six counties of Cornwall, Devon, Dorset, Gloucestershire, Somerset & Wiltshire. During their lifetime of the lambs, they must be fed a minimum of 70% forage-based diet & have received a suitable period of grazing, typically 2 months (supplements may have been fed at weaning & finishing stage & ingredients & purchasing records have been maintained on the animal feeding log). Lambs are no more than 12 months of age. |
| **Organic Declaration**I confirm and certify that the animals supplied as detailed above fully comply with the assigned Organic Certification requirements and have not been treated with Organophosphates (OP). |
| **Organic Licence Number:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Expiry Date:****\_\_\_ / \_\_\_ / \_\_\_\_\_\_** |

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| It is the responsibility of the producer to ensure all lambs are correctly identified with official tags and they correspond with the relevant documentation provided. I understand that farm assurance details may be used to check the PGI eligibility of the farm. |
| **Keeper’s Print Name:** | **Keeper’s Signature:** | **Delivery Date:****\_\_\_ / \_\_\_ / \_\_\_\_\_\_** |

**PLEASE COMPLETE ALL SECTIONS ABOVE & ATTACH TO AML FOR ALL DELIVERIES INTO PILGRIM’S EUROPE.**