

Section A - Departure Details (1)

Departure CPH	Assurance No.	Keeper's name and holding of departure	Name and address of Owner (if different)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Quarterly Vet Statement	Move within pig pyramid?		
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		

Section A - Details of Pigs (2)

Identification Mark	4. FCI Declaration		Consignment Type		Country of Origin
<input style="width: 100%; height: 20px;" type="text"/>			<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Number of animals	Trichinella Test	Salmonella Control Plan?	All in / all out batch?	Last pigs of the batch?	
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
Lot Numbers / Individual Identifiers	Has the consignment of pigs been treated with a veterinary medicine within the last 28 days? <input type="checkbox"/> Is the holding under restrictions for health reasons? <input type="checkbox"/> Have withdrawal periods for veterinary medicines and other products been met? <input type="checkbox"/> These pigs have been separated from cloven-hooved wild animals since birth <input type="checkbox"/> These pigs have been kept on this holding for the past 40 days <input type="checkbox"/> How many pigs have conditions or abnormalities <input style="width: 50px;" type="text"/>		Keeper's Name <input style="width: 100%;" type="text"/> Date <input style="width: 50%;" type="text"/> Telephone <input style="width: 50%;" type="text"/> I declare the details in this section are correct and the animals are being moved in accordance with licence provisions <input type="checkbox"/>		
3. Name and address of veterinary practice		Keeper's Signature			
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>			

Section B - Transporter Details

Name, telephone and full postal address	Departure Advice: Please provide confirmation of the movement on the day of loading via the eAML2 website www.eaml2.org.uk or by calling 0844 335 8400	Time and place where rest stops undertaken, including if animals were watered and / or fed		
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>		
RT Transport Number	Expected Duration	Loading Date	Loading Start Time	I declare the details in this section are correct
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
Vehicle Registration / Trailer ID	Departure Date	Departure Time	Transporter's Name	
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
Drivers Certification & Number	Unloading Date	Unloading Time	Transporter's Signature	
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	

Section C - Destination Details (1)

Name and full postal address
<input style="width: 100%; height: 20px;" type="text"/>
Destination CPH
<input style="width: 100%; height: 20px;" type="text"/>
Business Type
<input style="width: 100%; height: 20px;" type="text"/>
Abattoir Number
<input style="width: 100%; height: 20px;" type="text"/>

Section D - Destination Details (2)

Destination Advice: You must provide this information within 3 days via the eAML2 website www.eaml2.org.uk or by calling 0844 335 8400	Receiving Keeper's Name	
	<input style="width: 100%; height: 20px;" type="text"/>	
Were pigs received in good condition?	<input type="checkbox"/>	Date <input style="width: 50%;" type="text"/>
Were any pigs showing signs of distress?	<input type="checkbox"/>	Telephone <input style="width: 50%;" type="text"/>
Were the farm groups separate?	<input type="checkbox"/>	I declare the details in this section are correct
Number received <input style="width: 50px;" type="text"/>	Number DOA <input style="width: 50px;" type="text"/>	Receiving Keeper's Signature
		<input style="width: 100%; height: 20px;" type="text"/>

Transporter Receipt

Identification Mark	Source	Transporter's Name
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Movement Reference	Number of animals	Destination
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
		Transporter's Signature
		<input style="width: 100%; height: 20px;" type="text"/>