

Report of a Farm to Market Movement made under the General Licence for the Movement of Pigs

Under the Disease Control (England) Order 2003 and Disease Control (Wales) Order 2003 (as amended)

Summary for electronic Farm to Market movement.

Movement Reference:

Section A - Departure Details (1)

Assurance No	<input type="text"/>	Keeper's name and details of holding of Departure	Name and address of Owner (if different)
Pig Pyramid Move?	<input type="checkbox"/>		
Departure CPH	<input type="text"/>		
Birth CPH / Temp Mark	<input type="text"/>		

Section A - Details of Pigs (2)

No. of animals	<input type="text"/>
Description	<input type="text"/>
Lot Numbers	<input type="text"/>
Identification Mark	<input type="text"/>

3. Name and address of veterinary practice

4. FCI declaration

Consignment Type	<input type="text"/>		
Has this consignment of pigs been treated with a veterinary medicine within the last 28 days?	<input type="checkbox"/>		
Have withdrawal periods for veterinary medicines and other products been met?	<input type="checkbox"/>		
How many pigs have conditions or abnormalities?	<input type="text"/>		
Is this holding under restrictions for health reasons?	<input type="checkbox"/>		
Trichinella Test Required	<input type="checkbox"/>		
Do you have in place a Salmonella control plan?	<input type="checkbox"/>		
Is this all in /all out batch?	<input type="checkbox"/>		
Are these the last pigs of the Batch?	<input type="checkbox"/>		
Where were the animals in this consignment born and reared?	<input type="text"/>		
Signature	<input type="text"/>	Date:	<input type="text"/>
Name	<input type="text"/>	Tel No:	<input type="text"/>

I declare the above details are correct and the animals are being moved in accordance with licence provisions.

Section B - Transporter Details

Name and full postal address <input type="text"/>	Vehicle Reg/Trailer ID	<input type="text"/>	Departure Advice Please provide confirmation of the movement on the day of loading. By text: [move ref] [no of pigs] [veh reg] or www.eam12.org.uk or 0844 335 8400
	Drivers Cert. &No.	<input type="text"/>	
	Cleansing Details	<input type="text"/>	
Intended journey duration	<input type="text"/>		
RT Transport Number	<input type="text"/>		

Loading	Departure	Unloading
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>
Start Time: <input type="text"/>	Time: <input type="text"/>	Finish Time: <input type="text"/>

Time and place where rest stops undertaken including if animals were watered and/or fed (if over 8 hours)	Transporter's Signature
<input type="text"/>	<input type="text"/>
Name in Block letters	<input type="text"/>

I declare the details in this section are correct.

Section C - Destination details (1)

Abattoir Number	<input type="text"/>
Name and full postal address	<input type="text"/>
Business Type	<input type="text"/>

Section D - Destination details (2)

Were pigs received in good condition?	<input type="checkbox"/>		
Were any pigs showing signs of distress?	<input type="checkbox"/>		
Were the farm groups separate?	<input type="checkbox"/>		
Number received	<input type="text"/>	Number DOA	<input type="text"/>
Destination CPH	<input type="text"/>		
Signature	<input type="text"/>	Date:	<input type="text"/>
Name	<input type="text"/>	Tel No:	<input type="text"/>

Destination Advice
You must provide this information within 3 days online
www.eam12.org.uk or 0844 335 8400

I declare the details in this section are correct.

No. of animals	Description	Lot Numbers	Identification Mark	Source	Destination
<input type="text"/>					

Signature Name Date: Tel No:

I declare I have collected the animals listed above.