

Section A - Departure Details (1)

Departure CPH <input style="width: 90%;" type="text"/>	Quarterly Vet Statement <input style="width: 90%;" type="text"/>	Keeper's name and holding of departure <input style="width: 95%;" type="text"/>	Name and address of Owner (if different) <input style="width: 95%; height: 40px;" type="text"/>
Assurance / Vet Attestation Number <input style="width: 95%; height: 20px;" type="text"/>			

Section A - Details of Pigs (2)

Identification Mark <input style="width: 95%; height: 20px;" type="text"/>	Consignment Type <input style="width: 95%; height: 20px;" type="text"/>	Country of Origin <input style="width: 95%; height: 20px;" type="text"/>
Number of animals <input style="width: 95%; height: 20px;" type="text"/>	Move within pig pyramid? <input style="width: 95%; height: 20px;" type="text"/>	Trichinella Test <input style="width: 95%; height: 20px;" type="text"/>
	Salmonella Control Plan? <input style="width: 95%; height: 20px;" type="text"/>	All in / all out batch? <input style="width: 95%; height: 20px;" type="text"/>
		Last pigs of the batch? <input style="width: 95%; height: 20px;" type="text"/>
Lot Numbers / Individual Identifiers <input style="width: 95%; height: 40px;" type="text"/>	<p>4. FCI Declaration</p> <p>Has the consignment of pigs been treated with a veterinary medicine within the last 28 days? <input type="checkbox"/></p> <p>Are the pigs under any restrictions for health reasons? <input type="checkbox"/></p> <p>Have withdrawal periods for veterinary medicines and other products been met? <input type="checkbox"/></p> <p>These pigs have been separated from cloven-hooved wild animals since birth <input type="checkbox"/></p> <p>These pigs have been kept on this holding for the past 40 days <input type="checkbox"/></p> <p>How many pigs have conditions or abnormalities <input style="width: 50px;" type="text"/></p>	
	<p>3. Name and address of veterinary practice</p> <input style="width: 95%; height: 40px;" type="text"/>	
	<p>Keeper's Name <input style="width: 95%; height: 20px;" type="text"/></p> <p>Date <input style="width: 95%; height: 20px;" type="text"/></p> <p>Telephone <input style="width: 95%; height: 20px;" type="text"/></p> <p><i>I declare the details in this section are correct and the animals are being moved in accordance with licence provisions</i> <input type="checkbox"/></p> <p>Keeper's Signature <input style="width: 95%; height: 20px;" type="text"/></p>	

Section B - Transporter Details

Name, telephone and full postal address <input style="width: 95%; height: 40px;" type="text"/>	<p>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</p>	Time and place where rest stops undertaken, including if animals were watered and / or fed <input style="width: 95%; height: 20px;" type="text"/>
		Cleansing Details <input style="width: 95%; height: 20px;" type="text"/>
RT Transport Number <input style="width: 95%; height: 20px;" type="text"/>	Expected Duration <input style="width: 95%; height: 20px;" type="text"/>	Loading Date <input style="width: 95%; height: 20px;" type="text"/>
		Loading Start Time <input style="width: 95%; height: 20px;" type="text"/>
Vehicle Registration / Trailer ID <input style="width: 95%; height: 20px;" type="text"/>	Departure Date <input style="width: 95%; height: 20px;" type="text"/>	Departure Time <input style="width: 95%; height: 20px;" type="text"/>
Drivers Certification & Number <input style="width: 95%; height: 20px;" type="text"/>	Unloading Date <input style="width: 95%; height: 20px;" type="text"/>	Unloading Time <input style="width: 95%; height: 20px;" type="text"/>
		Transporter's Name <input style="width: 95%; height: 20px;" type="text"/>
		Transporter's Signature <input style="width: 95%; height: 20px;" type="text"/>

Section C - Destination Details (1)

Name and full postal address <input style="width: 95%; height: 40px;" type="text"/>
Destination CPH <input style="width: 95%; height: 20px;" type="text"/>
Business Type <input style="width: 95%; height: 20px;" type="text"/>
Abattoir Number <input style="width: 95%; height: 20px;" type="text"/>

Section D - Destination Details (2)

<p>Destination Advice: You must provide this information within 3 days via the eAML2 website www.eaml2.org.uk or by calling 0844 335 8400</p>	Receiving Keeper's Name <input style="width: 95%; height: 20px;" type="text"/>
	Date <input style="width: 95%; height: 20px;" type="text"/>
	Telephone <input style="width: 95%; height: 20px;" type="text"/>
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"/>	<i>I declare the details in this section are correct</i> <input type="checkbox"/>
Number received <input style="width: 50px;" type="text"/>	Number DOA <input style="width: 50px;" type="text"/>
	Receiving Keeper's Signature <input style="width: 95%; height: 20px;" type="text"/>



Collection Receipt

Identification Mark <input style="width: 90%;" type="text"/>	Source <input style="width: 90%;" type="text"/>	Transporter's Name <input style="width: 95%; height: 20px;" type="text"/>
Movement Reference <input style="width: 95%; height: 20px;" type="text"/>	Number of animals <input style="width: 95%; height: 20px;" type="text"/>	Destination <input style="width: 95%; height: 20px;" type="text"/>
		Transporter's Signature <input style="width: 95%; height: 20px;" type="text"/>