

## THIS FORM MUST BE COMPLETED PRIOR TO ARRIVAL AT THE ABATTOIR AND PRESENTED TO THE OFFICER ON DUTY WITH THE APPROPRIATE ORIGINAL REGISTRATION DOCUMENT

Name of Haulier :									
Please insert number of	animals into box next to co	ategory)							
< 30 m > 30	) m								
Carcass to be collected PRINT NAME	by								
		ı	<b>-</b>						
Ear	Date of Bir	medicine residu such medicines	I declare that the animal(s) registered below is/are free from any veterinar medicine residues in accordance with the relevant withdrawal period for such medicines administered. I understand that random samples will be taken from time to time.						
0 3			To the best of m	y knowl					
0 3			disease or condi No analysis of s	amples t	aken fron	animals	on the h	olding or	other sample
0 3			has shown that t any disease or c						
0 3			likely to result i						
0 3			PRINT NAM	<b>1Ε:</b>					
0 3			SIGNED:						
			SIGNED:						