

States of Jersey – Abattoir

Food Chain Information Declaration

This form is to be completed and accompany any animal presented for slaughter, that is known or suspected to be injured or showing signs of abnormality.

Holding Number:	
Owner's name, address:	
Owner's email:	
Production site address and holding number (if different):	
Identification details Ear Tag number: Breed: Age: Sex:	
Describe the injury the animal has suffered or abnormality it is showing, or if a veterinary surgeon has examined the animal his/her diagnosis:	
Record all veterinary medicinal products or other treatments administered to the animal within the last 6 months, dates of administration and withdrawal periods:	
Have any analyses shown that the animal may have been exposed to food-borne zoonoses or substances likely to result in residues in meat? If YES, attach a copy of the analysis	YES/NO (<i>Circle to indicate which</i>)
Name, address and contact details of the owner's veterinary surgeon:	
Signature:	
Print Name:	
Status (<i>e.g. owner, manager, stockman</i>):	
Time and date::.....am/pm / / (dd/mm/yy)