FORM B ABATTOIR DELIVERY NOTE - PIGS / SHEEP THIS FORM MUST BE COMPLETED PRIOR TO ARRIVAL AT THE ABATTOIR AND PRESENTED TO THE OFFICER ON DUTY

Name of Keeper:				Holding Number:		0	3			
Name of Haulier :										
PIGS (please insert number of pigs into box next to category)										
Over 100 Kg		Under 1	00 Kg	Suckle		·s				
(*Category A)	egory A)		(*Category B)		(*Category C)					
<i>SHEEP (</i> please	insert nu	mber of s	heep into	box nex	t to cate	egoi	ry)			
Over 12 months		Under	Under 12 months							
*(Category D)		*(Category E)								
			_							
Products to PRIN	be collect T NAME	cted by								

Have any analysis of samples shown that any animal may have been exposed to substances likely to result in residues in meat? If "yes", please provide details on additional document.	YES	NO
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I declare that the animal(s) registered below is/are free from any veterinary 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.

To the best of my knowledge the animals are not showing signs of any disease or condition that may affect the safety of meat derived from them.

PRINT NAME:

SIGNED DATE

Identification Mark (If specific carcass/offal to be collected by nominated person)	Category *see above	Identification Mark (If specific carcass/offal to be collected by nominated person)	Category *see above