

Report of a Farm to Slaughter Movement made under the General Licence for the Movement of Pigs - Incorporating Food Chain Information

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

Summary for electronic AML2/FCI. FCI details have been provided electronically to the FBO.

Movement Reference:
<input type="text"/>

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 (only on tmp mark)	<input type="text"/>		

Section A - Details of Pigs (2)

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

3. Name and address of veterinary practice

4. FCI declaration

Production System	<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"/>
ZNCP Score %	<input type="text"/>
Is this all in /all out batch?	<input type="checkbox"/>
Are these the last pigs of the Batch?	<input type="checkbox"/>
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, Telephone and full postal address	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.eaml2.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 Date:	<input type="text"/>	Departure Date:	<input type="text"/>	Unloading 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.eaml2.org.uk
 or 0844 335 8400

I declare the details in this section are correct.

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

Signature Name Date: Tel No:

I declare I have collected the animals listed above - movement ref: #shortcode#