

Report of a Farm to Farm Movement made under the General Licence for the Movement of Pigs

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

Movement Reference:

Summary for electronic non-slaughter (Farm to Farm) movement.

Section A - Departure Details (1)

Assurance No Departure CPH

Pig Pyramid Move?

Holding of Birth CPH/Other ref. (to be completed only if pigs are moving on a temporary mark)

Keeper's name and full postal address of holding of **Departure**

Name and full postal address of **Owner** (if different)

Section A - Details of Pigs (2)

No. of animals	Description (e.g. Boars, Sows)	Lot number	Identification Mark
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I declare that the above details are correct and the animals are being moved in accordance with licence provisions.

Signature Date

Name in BLOCK letters Telephone No.

Section B - Transporter Details

Name, telephone and postal address

Vehicle Reg/Trailer ID

Drivers Cert. &No.

Cleansing Details

Intended journey duration

RT Transport Number

Departure Advice

You must confirm the movement within 24 hrs. By text: [move ref] [no of pigs] [veh reg] or www.eaml2.org.uk or 0844 335 8400

Loading

Date:

Start Time:

Departure

Date:

Time:

Unloading

Date:

Finish Time:

Time and place where rest stops undertaken including if animals were watered and/or fed (if over 8 hours)

Transporter's Signature

Name in Block letters

I declare the details in this section are correct.

Section C - Destination details (1)

Name and full postal address

State type of Market or Collecting Centre, where appropriate

Market Collection

Section D - Destination details (2)

CPH/Other Ref:

Were pigs received in good condition? Yes No

Were pigs showing signs of distress? Yes No

Were the farm groups separate on the vehicle? Yes No

I declare the details in this section are correct.

Signature Name in caps

Destination Advice

You must provide this information within 3 days. By text: [move ref] [no of pigs] [DOA] or www.eaml2.org.uk or 0844 335 8400

Number received Number DOA

Section D - Dest. Receipt (1):

Ref:

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

Source Destination

Signature: Name: Tel No: Date:

Section D - Source Receipt (2):

Ref:

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

Source: Destination:

Signature: Name: Tel No: Date: