

## Section 1: To be completed by keeper moving animals off

Movement Information		
DEPARTURE	DESTINATION	
County/Parish/Holding: / / /	County/Parish/Holding: / _	
Address & Postcode:	Address & Postcode:	
Telephone No:	Telephone No:	
Movement Date	Number Advised	
Description / type	Q.A. Number	
Herd/Slap/Temporary mark (if applicable)	Birth CPH (If using a tempo. mark) – – /	
Full Individual Identities (if applicable)		<u> </u>
Hau		
Date of loading	time of load?	
Haulage Company	of r rture	
Expected Duration	Vehic Trailer registration	
Haulier Q.A. Number	Vame of r ver Cert	
Food Chain In matic. CI) (Optional)		
ALL pigs come from controlle		YES / NO
ALL pigs have been kept separation of the separation on LY):	ve vild animals since 5 weeks old	YES / NO
ALL pigs are les  than 5 weeks old:		YES / NO
	below: hered to	YES / NO
<ul> <li>No medicines have t administerc. + 28 days</li> <li>To the best of my known of the anity of the anit</li></ul>	y disease or condition that may affect the safety of deriv other samples has shown that the animals in this consign of meat or to substances likely to result in residues in n	nment may have been
Consign. Keeper - I declare that the above details I have provided are correct		
Nam	Identification and Movement) (Scotland) Orde Signature	
Section 2 o be completed by keeper receiving animals should confirm receipt of this movement with ScotEID (see header for details) Englist. ••• Keepers should confirm receipt of this movement with eAML2 (www.eaml2.org.uk 0844 335 8400)		
Arrival Date Unloading	Date Number Rece	ived
Arrival Time Unloading	Time Number DOA	
<b>Receiving Keeper - I declare that the above details I have provided are correct</b> In accordance with the Pigs (Records, Identification and Movement) (Scotland) Order 2011		
Tel. No.	Arrival CPH	/
Name	Signature	