



Section 1: To be completed by keeper moving animals off

Movement Information

DEPARTURE CPH	DESTINATION CPH
Movement Date	Birth CPH (If using a temporary ID mark)
Description / type	Q.A. Number
Herd/Slap/Temporary mark (if applicable)	Number Advised
Full Individual Identities (if applicable)	

Haulage Information

Date of loading	Time of loading
Expected Duration	Time of departure
Haulage Company	Vehicle / Trailer registration
Haulier Q.A. Number	Name of driver

Food Chain Information (FCI) (tick one box only)

FCI is not relevant for this movement (e.g. moves within a business or to shows)

All pigs comply with the FCI statements*

Not all pigs comply with the FCI statements* and additional details are attached

*** FCI statements relating to all animals within the consignment:**

- The required withdrawal period for All Medicines has been adhered to
- No medicines have been administered in the last 28 days
- To the best of my knowledge the animals show no signs of any disease or condition that may affect the safety of derived meat
- No analysis of samples taken from animals on the holding or other samples has shown that the animals in this consignment may have been exposed to any disease or condition that may affect the safety of meat or to substances likely to result in residues in meat

Consigning Keeper - I declare that the above details I have provided are correct
In accordance with the Pigs (Records, Identification and Movement) (Scotland) Order 2011

Name **Signature**

Tel. No.

Address

Section 2: To be completed by keeper receiving animals

To confirm receipt of this movement please register & complete the information on the ScotEID website or complete the section below in writing and send to the ScotEID office. See the header for the address & QRcode

Arrival Date	Unloading Date	Number Received
Arrival Time	Unloading Time	Number DOA

Receiving Keeper - I declare that the above details I have provided are correct
In accordance with the Pigs (Records, Identification and Movement) (Scotland) Order 2011

Tel. No. **Arrival CPH**

Name **Signature**

Address