Movement Document under the Sheep and Goats (Records, Identification and Movement) (England) Order 2009

Please complete in BALLPOINT pen and press firmly but before doing so read the important notes overleaf.

defra
Department for Environment Food and Rural Affairs

For Completion by Keeper at Departure Holding

1. Departure Location

Departure CPH

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

Postcode

Full Postal Address of Destination

John Penny & Sons
Low Green
Rawdon
Leeds Postcode LS19 6NU

Please tick box if:

- ☐ Return from rounding up from common land
- ☐ Moving animals within your business that r emain under your day to day care and control
- ☐ Moving animals to a Central Point Recor ding Centre
- ☐ Using a continuation sheet (AML1A) or attaching a list of individual identification numbers and staple to this form

Animals Sheep/Goats	Number	Individual Identification or Flock/Herd Mark

Food Chain Information (FCI) – for sheep and goat movements to slaughter only

Tick one box

All the animals in the consignment satisfy the FCI statements detailed on the reverse of this form ☐
OR
The FCI statements are not satisfied for all the animals in the consignment and additional information is provided on the reverse of the pink copy or on an attached document. ☐

I declar e that the above details are correct

Keeper's signature

Print name

Phone number

Name of Owner if different to keeper named above

Departure Date

Date of Loading (if different)

Time first animal loaded

Time of departure

Expected Duration of Journey — To be completed by person transporting the animals

For Completion by Transporter

2. Transport Details

Tick box to indicate who is transporting animals

departure keeper ☐ receiving keeper ☐ haulier ☐

Vehicle Registration — Must be completed by Departure or Receiving keeper or Haulier

Haulage Company

Transporters Authorisation Number (where journey is over 65km) — Must be completed by Departure or Receiving keeper or Haulier

Haulier's Signature

Print Name

Phone Number

For Completion by Keeper at Destination Holding

3. Receiving Location (All sections must be completed)

Destination CPH or slaughterhouse no. 49 492 8017

☐ Tick box if location is a dedicated slaughter market

Number received

☐ Tick box if keeper has NOT changed. If this is the case, boxes below are optional.

Arrival Date

Date of Unloading (if different)

Time last animal unloaded

I declare that the above details are correct

Keeper's signature

Print name

Phone number

AML 1 (Rev. 11/09)

White copy: Local authority of destination premises within 3 days of move; Pink copy: Destination; Blue copy: Haulier; Yellow copy: Departure

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