

HERD OWNER/MANAGER FOOD CHAIN INFORMATION
DECLARATION TO SLAUGHTERHOUSE OPERATOR SEPARATION
FROM WILD CLOVEN HOOFED ANIMALS

Premises name:

Address:

CPH number:

Pig Assurance Scheme Name:

Pig Assurance Scheme reference number:

Slap mark or herd number:

*I declare that I am the *owner / * manager of the above-mentioned premises. Based on a Quarterly Veterinary Statement and to the best of my knowledge and belief the pigs originating from the above premises meet the following conditions:*

- 1. Have been kept since birth in premises where general husbandry, management and biosecurity practices and disease prevention and control measures for farmed animals apply.*
- 2. Have been kept since birth in premises where measures have been in place to contain the animals within specific controlled buildings or enclosures (electric fencing, stock-proofing or other natural barriers may be used).*
- 3. Have been transported from their holding in vehicles which have been cleaned and disinfected before loading.*

Signed: Date:

Name in block letters:

Position:

Address:

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