## Annex 12 Food chain information model document – equines to be slaughtered for human consumption

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| Owner’s Personal Details | Personal Details of Keeper or person presenting animals for slaughter (if different from owner) |
| Name: |  | Name: |
| Address: |  | Address: |
| Telephone: |  | Telephone: |
| Email: |  | Email: |
| Animal Details |
| Number of animals presented for slaughter: |  |
| Passport number | Sex(M or F) | Microchip or Transponder number (if applicable) | Owner recorded on passport(YES or NO) | Approx. period of presentownership | Treatment received within last six months and date of treatment(to your knowledge) |
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In signing below, I therefore make the following declarations of fact to the best of my knowledge and belief:

* Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animal(s) while on this holding and previous holdings. No veterinary treatments have been administered to the animal(s) that are not permitted to be used on animals intended for slaughter for human consumption.
* No veterinary treatments have been administered to the animal(s) during its lifetime which would permanently exclude the animal from the food chain.
* The animal(s) are not showing signs of any disease or condition that may affect the safety of meat derived from them.
* No analysis of samples taken from this animal or other samples from other equine animals in my ownership has shown that the animal or animals in this consignment 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.

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| Signed |  |
| Status (Please indicate if owner, keeper or person presenting animal(s) to slaughter |  |
| Date |  |

**Any person who makes a declaration which they know to be false or misleading in a material particular may be liable to a criminal investigation and subsequent prosecution.**

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