**Model Document**

**FOOD CHAIN INFORMATION FOR FARMED GAME slaughtered at the holding for human consumption**

In accordance with point 3a of Section III of Annex III to Regulation (EC) 853/2004

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| **Owner’s name, address and holding**  **Number** |  |
| **Contact name, telephone number**  **and email address of owner or**  **owner's agent** |  |
| **1. Identification of the animals:**  Species  Number of animals  Identification markings |  |
| **2. Provenance of the animals**  Address of holding of provenance  Identification of house\* |  |
| **3. Destination of the animals**  The animals will be transported to  the following slaughterhouse:  By the following means of transport: |  |
| **4. Other relevant information** |  |
| **5. Declaration:**  I, the undersigned, declare that:  the animals described above were examined before slaughter at the above-mentioned  holding at ………………….(time) on………………..(date) and were found to be healthy  the records and documentation concerning these animals satisfied the legal  requirements and did not prohibit slaughter of the animals | |
| Done at (place):………………………………………………………………………………………... | |
| On (date):……………………………………………………………………………………………… | |
| Stamp or Name of OV/AV…………………………………………………………………………….  …………………………………………………………………………………………………………...  (Signature of official or approved veterinarian)  \*denotes optional requirement | |

**Food business operator’s food chain information declaration**

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| **This holding is NOT under movement restriction for bovine Tuberculosis (TB)\***  **OR**  **The holding is under movement restriction for bovine Tuberculosis (TB)\***  \*delete one | |
| **Farmed game on the holding are not under movement restrictions for other animal**  **disease or public health reason excluding a 6-day standstill.** | |
| **Withdrawal periods have been observed for all veterinary medicines and other**  **treatments administered to the animals while on this holding and previous holdings.** | |
| **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.** | |
| **Time and date of slaughter** |  |
| **Means of transport to**  **Slaughterhouse** |  |
| hereby certify that:  I am competent to certify that the animals described above were correctly slaughtered and bled at the declared date and time and  that the information given above is  correct to the best of my knowledge.[[1]](#footnote-1) \*  the animals described above were correctly slaughtered and bled at the declared date and time by a person I consider to be competent to carry out the correct slaughter  and bleeding and that the information given above is correct to the best of my knowledge.\*  \* delete one |  |
| **Status (e.g. food business**  **operator, owner, manager)** |  |

1. Only use this option if you hold a certificate of competence under the new arrangements for certificates of competence

   introduced by Regulation (EC) 1099/2009 (Articles 7 and 21). Otherwise, use the other option. [↑](#footnote-ref-1)