

# Food Chain Information (Farmed Game)

## (FCI\_FG1 Form A)

(In accordance with the EU Food Hygiene Regulations)

**To be completed by the OWNER/ KEEPER of the Farmed Game**

Name and Address of Owner/ Keeper _____ _____ _____	Herd/ Holding Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

**Number of Farmed Game:** Deer  Rabbits  Other, please specify: \_\_\_\_\_

Destination of Farm Game (Name of Slaughterplant):

**Declaration to be signed by Owner/ Keeper:**

I declare that to the best of my knowledge in relation to the farmed game animals above:

- The farm/ holding of origin is not under disease restriction
- The animals on the holding are healthy and have not tested positive for any condition that might render their meat unfit for human consumption
- No substance has been given to the animals which might render their meat unfit for human consumption
- All prescribed medication withdrawal periods have been observed
- All animals in the load are healthy and in a fit condition to be transported to the slaughter house
- The means of transport is suitable and in a hygienic condition at time of loading

**Only sign below if the animals fulfil all the above statements. Otherwise do not sign and provide additional information on Form B.**

Signature: \_\_\_\_\_ Owner/ Keeper      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Time of Loading: \_\_\_\_\_

**To be completed by the HAULIER**

Name: _____	Vehicle Registration No: _____	Haulier No: _____
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I declare that the transport vehicle was clean at the time of loading and that all the farmed game described above were healthy and could be transported in this vehicle without undue pain or undue suffering

Haulier's Signature: \_\_\_\_\_      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**To be completed by the SLAUGHTERHOUSE OPERATOR**

Date of Arrival of Consignment:  /  /       Time of Arrival of consignment:

I have requested, received and checked the Food Chain Information for the Farmed Game described above. They have been examined by me and (with the exception of the \_\_\_\_ animals that were dead on arrival) as far as I can judge:

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Do not come from a restricted holding or area  | <input type="checkbox"/> Are healthy   | <input type="checkbox"/> Are clean |
| <input type="checkbox"/> Are in a satisfactory state as regards welfare | <input type="checkbox"/> Are accepted by me and are presented for ante mortem inspection |                                    |

FBO's signature: \_\_\_\_\_      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**To be completed by the OFFICIAL VETERINARIAN**

I have inspected and analysed the Food Chain Information for the \_\_\_\_\_ Farmed Game described above. In my opinion there is no evidence that the welfare of \_\_\_\_\_ Farmed Game in the consignment has been compromised either during transport or in the lairage. There is evidence that the welfare of \_\_\_\_\_ Farmed Game in the consignment has been compromised. In my opinion,

- \_\_\_\_\_ Farmed Game show no signs of any condition which might adversely affect human or animal health
- \_\_\_\_\_ Farmed Game have been detained at ante-mortem inspection and require additional examinations and/ or tests to supplement post-mortem inspections for the reasons entered on the AME1 form
- \_\_\_\_\_ Farmed Game have failed ante-mortem inspection for the following reasons: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_      Time of AME: \_\_\_\_\_

**ADDITIONAL FOOD CHAIN INFORMATION (Farmed Game)**

**Form B**

Name and Address of the Private Veterinary Practitioner normally attending the holding: _____ _____ _____
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<b>Information about animals showing signs of a disease or condition, or coming from a holding with a disease or condition, that may affect the safety of meat derived from them.</b>	
Identification of animals – or attach list	

Describe any relevant diseases or conditions that may affect the safety of the meat (or diagnosis if a veterinary surgeon has examined the animal (s)) *	
Describe any analysis of samples taken from animals on the holding, or other samples, showing that the animals in this consignment may have been exposed to any disease or condition that may affect the safety of the meat or to substances likely to result in residues in meat *	

\* Delete if not applicable

Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings.
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Owner/ Keeper's signature	
Print name	
Date	