



# BLUETONGUE VACCINATION STATUS (Please indicate)

- Veterinary Vaccinated  Please supply a veterinary declaration (EXD483(BT)) — available from DEFRA website
- Self Vaccinated  Please complete declaration below
- Not Vaccinated

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## VACCINATION DECLARATION for Bluetongue Virus (BTV8):

I, the undersigned, being the keeper/owner of the animals detailed on the entry form, declare that:

(i) The animals were identified and their identities checked at the time of the vaccination and that they were:

1st vaccination on \_\_\_\_\_ (date),  
Second vaccination (cattle only) completed on \_\_\_\_\_ (date)  
vaccinated using \_\_\_\_\_ (name of vaccine)  
\_\_\_\_\_ (batch number) \_\_\_\_\_ (expiry date),

(ii) I confirm that all the information provided on this form is to the best of my knowledge, correct at the time of signing.

Signature:

Name: (Block Capitals)

Date:

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## DECLARATION

**THIS DECLARATION MUST BE COMPLETED BY THE KEEPER/OWNER OF THE ANIMALS, AFTER CHECKING WITH THE ANIMAL MOVEMENT RECORDS WHICH HE/SHE IS REQUIRED TO MAINTAIN UNDER EXISTING LEGISLATION.**

I .....  
(full name of keeper / owner of animals to be moved)

of .....  
address of keeper / owner

Declare:

- ¥ I am the person responsible for the care and control of the animals to be moved and have responsibility for maintaining records relating to their movement
- ¥ I am the person that has examined the stock and seen no signs of any notifiable diseases
- ¥ that the stock comes from a premises which has had no movement of animals onto it in the previous 6 days (other than permitted exceptions)
- ¥ that the movement complies with the relevant general licence

Livestock Vehicle (s) Carrying The Stock:

Vehicle Registration Number(s)	
Name of Haulage Company: (If Applicable)	
Drivers Name & Address: (If Applicable)	