Department for Environment, Food and Rural Affairs Scottish Government Welsh Government Animal & Plant Health Agency

The Bluetongue Regulations 2008 (as amended)

Movement of Animals (Restrictions) (England) Order 2002 (as amended)

# Form requesting information for movement from the Bluetongue Restriction Zone to Scotland or Wales to live

Requests to move animals to live from the Bluetongue Restricted Zone to Scotland or Wales, require either a valid pre-movement test or completed vaccination course with the Bultavo-3 vaccine for cattle. For cattle that meet the vaccination requirements for movement, the licence will only be valid from 21 days after the second vaccine dose. All requests for movement of sheep require them to be pre-movement tested, even if they are vaccinated. Pre-movement testing should take place at least 7 days after any Bluetongue vaccination has been administered.

### PART 1: Background Information – to be completed by all applicants

| Premises of origin: name and address   |   |                                 |                      |
|--|---|---------------------------------|----------------------|
| СРН:   |   |                                 |                      |
| Tick one box below and   | ents below to determine what then complete Part 2 and/he licence conditions for th  | or 3. These are requ            | uired to demonstrate |
| , , , ,  | o move the animals listed beland complete Part 2 only.  | ow with a valid pre-m           | novement test.       |
| the second dose of the second dose of the dates the dates the dates the dates the dates the second dose of t | attle vaccinated with the Bulta<br>f vaccine. I have provided and<br>if 'Bultavo-3' vaccine (copy of<br>the vaccine doses were admin<br>and complete Part 3 only. | d uploaded evidence<br>invoice) | of:                  |
| c) 🗌 I am moving a   | nimals that comply with a com   | nbination of requirement        | ents a) and b)       |
| Please now go to   | and complete Parts 2 and 3  | <u>.</u>                        |                      |
| Signature  | <u></u>   |                                 |                      |
| Applicant's name and position in block letters   |   | Date                            |                      |
| Laan aantima Lhara   |   | tiana and all tha inf           |                      |

I can confirm I have completed all relevant sections and all the information provided in this form is correct and accurate to the best of my knowledge. I also declare that there have been no confirmed cases of Bluetongue on my premises within the last 30 days

## **PART 2: Pre-movement test information**

Please provide a description of the animal(s), the animal(s) identification and the quantity of animals to be moved with a valid pre-movement test.

| Description (species, breed, purpose) | ID number (eartag)           | Date of birth | Date<br>samples taken |
|---------------------------------------|------------------------------|---------------|-----------------------|
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
|                                       |                              |               |                       |
| Total number of animals subje         | ct to pre-movement testing:  |               |                       |
| ☐ Tick if you need to contir          | nue Part 2 on a separate pag | e.            |                       |

#### PART 3: Vaccination status information

Please provide a description of the animal(s), the animal(s) identification, vaccine used and dates on which doses were administered to cattle vaccinated with 'Bultavo-3':

| Description (species, breed, purpose) | ID Number (eartag)    | Vaccine name & batch number | Date of 1 <sup>st</sup><br>dose | Date of 2 <sup>nd</sup><br>dose |
|---------------------------------------|-----------------------|-----------------------------|---------------------------------|---------------------------------|
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
|                                       |                       |                             |                                 |                                 |
| otal number of animals ex             | empt from pre-movemen | nt testing due to vaco      | ination:                        |                                 |

#### Using and sharing your information

How we use your personal data is set out in our personal information charter and privacy notices: <a href="https://www.gov.uk/government/organisations/department-for-environment-food-rural-af-fairs/about/personal-information-charter">https://www.gov.uk/government/organisations/department-for-environment-food-rural-af-fairs/about/personal-information-charter</a>

https://www.gov.uk/government/publications/animal-and-plant-heath-agency-privacy-notices

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.