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SCHEDULE 19

CERTIFICATE UNDER REGULATION 18(2)

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Regulation 18(2)(e)

**PART I
TO BE COMPLETED BY THE VETERINARY SURGEON**

Name and address of owner

Telephone No

Animal: Species Breed Age Sex

Identifying Marks

Reason for animal being unfit to be transported to a slaughterhouse and reason for slaughter

(1) This animal was bled in an approved manner without delay after shooting/stunning.

Time and date am/pm 199

OR

(2) I have issued instructions for the bleeding and stunning of this animal to be conducted in an approved manner.

(delete (1) or (2) as appropriate)

THIS CERTIFICATE IS VALID FOR 6 HOURS, DURING WHICH TIME THE SLAUGHTER OF THE ANIMAL MUST BE CARRIED OUT BY A COMPETENT SLAUGHTERMAN. IF THIS PERIOD IS EXCEEDED, A FURTHER CERTIFICATE WILL BE REQUIRED.

Time and date am/pm 199

The animal is to be transported to:

Name of slaughterhouse

After carrying out ante-mortem inspection, making due enquiries, and, where appropriate, carrying out the tests detailed below*, it is my opinion that the animal from which this carcase was produced was not affected with any disease or condition liable to render the whole carcase unfit for human consumption or that could be transmitted through the meat to humans or animals.

After any necessary inspections and enquiries, there is no evidence that any substances have been administered to the animal that might lead to an illegal residue being present in the meat, nor that the animal consumed any other substance that might render the meat unfit for human consumption.

N.B. If necessary, for reasons of animal welfare, the veterinary surgeon must carry out the slaughter of the animal himself without delay.

*Tests performed and results

Name of Veterinary Surgeon

Practice Address

Time and date am/pm 199

SIGNED

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**PART II
OWNER'S DECLARATION**

Owner declaration:

- *(a) The above animal has received no treatment within the last 28 days.**
- *(b) The withdrawal period for any treatment administered to this animal has been observed.**
- (*delete as applicable)**

Name.....Status.....

Time and date.....am/pm.....199.....

SIGNED.....

**PART III
TO BE COMPLETED BY THE SLAUGHTERMAN**

The bleeding of the animal was conducted in an approved manner, without delay after shooting/stunning.

Name of Slaughterman.....

Address.....

.....

Time and date.....am/pm.....199.....

SIGNED.....

N.B. (i) This certificate must be handed on arrival at the slaughterhouse to the OVS or AMI (Part V 18(5) Fresh Meat (Hygiene and Inspection) Regulations 1995).