


|  | | RED TRACTOR QUARTERLY VETERINARY REPORT | | | | | |
|--|-------------|---|--|----------------------|-----------------|--|-------|
| | | CERTIFICATION BODY (✓) | | | Scheme Standard | Non-conformances / Veterinary surgeon's comments | |
| | | Please return to: | | | | | |
| | | Acoura E: redtractor@acoura.com F: 0131 335 6601 | | | | | |
| PVS membership no. | | NSF Certification Ltd E: pigsuk@nsf.org F: 01865 595 217 | | | | | |
| Certificate of RWO training (✓) | | SAI Global E: agrifood@saiglobal.com F: 01908 889 164 | | | | | |
| FARM INFORMATION | | Assurance no. | | Owner of pigs | | | |
| Farm name and postcode | | | | Slap mark | | | |
| | | | | CPH number | | | |
| Number of pigs on unit | | Indoor | | Outdoor | | | |
| Breeding | | Nursery / Grower | | Finishers (<50kg) | | Finishers (>50kg) | |
| DECLARATION OF ALL INCOMING STOCK/SEMEN (TRACEABILITY) including imports | | | | | | | |
| Tick here if separate sheet used <input type="checkbox"/> | | | | | | | |
| RT / QMS Pigs No. | Name | | | Address | | | |
| | | | | | | | |
| | | | | | | | |
| Declaration by farmer/responsible person: | | | | | | | |
| I confirm | | | | | | | |
| 1. That to the best of my knowledge, the information supplied on this form and to my veterinary surgeon is correct | | | | | | | |
| 2. That if I or anyone involved with this farm has been prosecuted within the last 12 months or if any prosecutions are pending for Animal Welfare, Animal Movements, Food Safety or Environmental offences my Certification Body has been informed | | | | | | | |
| 3. That if I have been advised by my abattoir or by VMD of any positive residue results relating to my farm I have informed both my veterinary surgeon and my Certification Body | | | | | | | |
| 4. During the past quarter no feed (including milk replacers) containing blood plasma or any banned feed ingredient has been used on this farm | | | | | | | |
| Name | | | | Signature | | | |
| Declarations by the retained Veterinary Surgeon | | | | | | | |
| I confirm that the pigs on these premises are 'under my care' | | | | | | True | False |
| I have completed this Red Tractor Pigs Veterinary Report on the basis of my knowledge of the unit and using information supplied by the producer or his representative. Having made due enquiries I believe that the information is currently accurate | | | | | | | |
| I have reviewed and am satisfied with the provision and management of hospital pens on this farm | | | | | | | |
| No evidence of unnecessary pain or distress was found | | | | | | | |
| I confirm that I have seen the movement records and the medicine administration records and, on the evidence available, that these are being completed diligently by farm staff and that they are up to date | | | | | | | |
| That where pigs or semen have been bought from non-assured sources, either from within the UK or from overseas, I have seen evidence of the derogation granted by the Certification Body. | | | | | | | |
| Having reviewed the history, I recommend that the farm performs teeth reduction / tail docking (<i>Delete as appropriate</i>) | | | | | | | |
| Advice on the selection of medicines for use on this unit has been made having given due regard to the Pig Veterinary Society guidelines | | | | | | | |
| The Real Welfare findings have been discussed and the VHP updated or amended as appropriate | | | | | | | |
| Number of pigs assessed for Real Welfare in the last quarter | | | | | | | |
| Please tick one of the three boxes below: | | | | | | | |
| Based on my review of the farm today, | | | | | | | |
| I recommend unconditional continuing scheme registration | | | | | | | |
| I recommend conditional continuing scheme registration because of the non-conformance(s) noted above | | | | | | | |
| I recommend suspension from the scheme | | | | | | | |
| VETERINARY SURGEON'S NAME AND PRACTICE | | | | | | | |
| VETERINARY SURGEON'S SIGNATURE | | | | DATE OF VISIT | | | |