



RED TRACTOR QUARTERLY VETERINARY REPORT (QVR)

FARM INFORMATION

| | | | | | |
|--|----------|---|-----------------------|----------------------|---------|
| Business name & pig owner/keeper | | | | Assurance no. | |
| Farm name(s) & postcode(s) <i>Include additional units visited as part of same membership, unless covered by separate QVRs</i> | | | | Slap mark(s) | |
| | | | | CPH number | |
| Certification Body (✓) | | SAI Global agrifood@saiglobal.com | Production (✓) | | Indoor |
| | | NSF Certification Ltd pigsuk@nsf.org | | | Outdoor |
| Number of pigs on unit | Breeding | | Growers | | |
| | Weaners | | Finishers >50kg | | |

PRODUCER DECLARATIONS

| | | | |
|---|--|------------------|--|
| 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. That I take ultimate responsibility for correct use of antibiotics on this farm, and I always adhere to the treatment recommendations for antibiotic use prescribed by the designated vet | | | |
| Name | | Signature | |

VETERINARY SURGEON DECLARATIONS

| | TRUE | FALSE | N/A |
|--|------|-------|-----|
| I confirm that the pigs on these premises are 'under my care' | | | |
| I have completed this Red Tractor Pigs Quarterly Veterinary Report based on my knowledge of the unit, using information supplied by the producer or their representative and having physically witnessed all pig production areas of the farm today | | | |
| I have reviewed the Veterinary Health Plan and updated it where necessary | | | |
| I found no evidence of pigs experiencing unnecessary pain or distress | | | |
| It is my view that the standard of management of supplementary piglet rearing accommodation on this farm is appropriate | | | |
| Having carried out a quarterly review (documented separately), I recommend this farm performs tail docking (tick N/A if not docking and therefore no quarterly review) | | | |
| Having carried out a quarterly review (documented separately), I recommend this farm performs tooth reduction (tick N/A if not reducing teeth and therefore no quarterly review) | | | |
| Since the previous quarterly veterinary visit, reporting of relevant diseases to the AHDB Significant Diseases Charter or Scottish Pig Health Charter has been done in accordance with the relevant Charter Terms & Conditions (tick N/A if no relevant disease outbreaks have occurred) | | | |



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|---|--|--|--|
| The farm's Antibiotic Reduction Plan (where required following identification as a Persistent High User) is appropriate and there is evidence the actions are being implemented in line with the indicated timescales | | | |
| Prescription of antibiotics for use on this unit is in accordance at all times with the Pig Veterinary Society's (PVS) Prescribing Principles for Antimicrobials, which reflect RUMA guidelines | | | |
| I have carried out the FSA <i>Trichinella</i> risk assessment tool with the producer in the last 12 months (tick N/A if no pigs over 5 weeks of age have outdoor access, excluding sows and boars). Assessment carried out on ___/___/___ [insert date] | | | |

| VETERINARY SURGEON COMMENTS | | | |
|---|-----|--|------------------------------|
| Are the medicine administration records being completed accurately, including all information required by Red Tractor (standard AM.6), and kept up to date? | Yes | | If no, please provide detail |
| | No | | |
| Are you satisfied with the management of sick and injured pigs and facilities provided for them? | Yes | | If no, please provide detail |
| | No | | |
| Are you satisfied that the euthanasia of pigs is being carried out competently, in line with the farm's Euthanasia Policy using only legally permitted methods? | Yes | | If no, please provide detail |
| | No | | |
| Additional comments and/or required actions | | | |
| Controlled Housing Status (as determined by score from FSA tool where required) (tick as appropriate) | | Recognised as applying Controlled Housing Conditions (tick all that apply) Breeders <input type="checkbox"/> Weaners <input type="checkbox"/> Growers <input type="checkbox"/> Finishers <input type="checkbox"/> | |
| | | Not recognised as applying Controlled Housing Conditions (tick all that apply) Breeders <input type="checkbox"/> Weaners <input type="checkbox"/> Growers <input type="checkbox"/> Finishers <input type="checkbox"/> | |

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|--|--|---------------|--|
| VETERINARY SURGEON'S NAME AND PRACTICE | | PVS no. | |
| VETERINARY SURGEON'S SIGNATURE | | DATE OF VISIT | |