



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 (✓)	Lloyds Register redtractor-ca@lr.org	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	
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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)			



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			

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		<i>If no, please provide detail</i>
	No		
Are you satisfied with the management of sick and injured pigs and facilities provided for them?	Yes		<i>If no, please provide detail</i>
	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		<i>If no, please provide detail</i>
	No		
Additional comments and/or required actions			
Number of pigs assessed for Real Welfare at this visit:			

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