

To: Freight Reservations -

Date:

Poole (Fax No: 0870 9011 200) Cherbourg (Fax No: 233 88 44 40)

From:	 	

Route:		Date/Time:		
Vehicle Size:	No of Tiers:		Reg No:	
Haulier:		Place of Load	ding:	
Type of Animal:		Reason for Export:		
Number of Animals:				
Final Destination: (ie Place where animals will be reared).		Additional Information: (ie Additional drivers of vehicle)		
Dept No:				
I certify that the above infor strict accordance with The V Ferries' conditions of carria	Welfare of Anii	mals (Transport		
Signed:		Name:(print)		

Updated 03/05/200729/04/2016



Transporter, (Name, Address, Business N	ame)	Number of tiers		
Signature of transporter		Number of registration	plate of identification	
-	(1)		(1)	
Animal species		Estimated journey time	The state of the s	
Number		Reason for export	(1)	
		reason for export		
Place of departure				
Place of arrival	(1)			
No(s) of health certificate(s) or accompany	ing document	1		
	(0)			
Date and time of departure	(2)		charge during the journey	
Take and amo or dopartato		ivaline of the person in t	analge during the journey	
F			(3)	
Ferry crossing - port and time of departure				
Ferry crossing - port and time of arrival				
Addresses of lairages/staging posts	Date and time	Length of stop	Reason	
a)				
b)				
c)				
Date and time of arrival at the final destinati	ion	(1) To be completed by	the transporter before departure	
	312	(1) To be completed by the transporter before departure.(2) If known		
. I hereby certify that this Journey Plan will be	Alban bank adkasad	(3) To be completed by	the transporter	
to and that the journey will take/has taken p with The Welfare of Animals (Transport) Ord Brittany Ferries' conditions of carriage of live	lace in accordance der 2006 and e animals.	SIGNED		
I further certify that animals are not being translaughter or further fattening.	ansported for	DATE		