

Transporter, (Name, Address, Business Name)		Number of tiers	
		Number of registration plate of identification	
Signature of transporter	(1)		(1)
Animal species		Estimated journey time	
Number		Reason for export (1)	
Place of departure			
Place of arrival	(1)		
No(s) of health certificate(s) or accompanyi			
	(2)		
Date and time of departure		Name of the person in charge d	uring the journey
Ferry crossing - port and time of departure			(3)
reny crossing - port and time or 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 destination		<ul><li>(1) To be completed by the transporter before departure.</li><li>(2) If known</li></ul>	
		(3) To be completed by the transporter	
I hereby certify that this Journey Plan will be/has been adhered to and that the journey will take/has taken place in accordance with The Welfare of Animals (Transport) Order 2006 and		SIGNED	
Brittany Ferries' conditions of carriage of live animals.		NAME	
I further certify that animals are not being transported for		NAME	
Slaughter or further fattening.		DATE	