

# NATIONAL CATTLE HEALTH DECLARATION

V: 02/05/18

Property Identification Code (PIC) of this property

This MUST be the PIC of the property that the stock is being moved from

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Attached to accompanying NVD/Waybill No.

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## Biosecurity and health information

1. Has the owner stated above owned all the cattle in this consignment since birth? Y  N

2. Does the property of origin have a completed on-farm biosecurity plan? Y  N

3a. Have these cattle been tested for the presence of pestivirus antigen? If tested, were any cattle found to be persistently infected? Y  N   
Y  N

3b. Have these cattle been tested for the presence of pestivirus antibody? If tested what percentage of the tested cattle were antibody positive? Y  N   
Y  N

4. Has the property of origin had an occurrence of clinical Johne's disease (JD) in any species in the past five years? Y  N  Unsure   
J-BAS of ..... (Optional)

5. On the property of origin, have cattle been co-grazed with dairy cattle? Y  N  Unsure   
*See explanatory note for advice on co-grazing with non-bovine species*

6. Has the source herd had a JD test? Y  N  Pending   
If so, which test? Check Test  Sample Test  Date / /  
Was the result negative? Y  N

7. If dairy cattle, the consignment has a Dairy Assurance Score of: Part A (herd base score) ..... Part B (calf credits) ..... Part C (total Dairy Score) .....

8. Any other relevant health information

## Treatments

Treatment type

Product

Date of treatment within last 6 months

Drench or pour-on

Liver fluke

Other treatments

## Current vaccinations for the cattle being moved (see explanatory note)

Clostridial (e.g. 5 in 1): Y

Botulism: Y

Leptospira (e.g. 7 in 1): Y

Bovine ephemeral fever: Y

Pestivirus: Y

Tick fever: Y

JD (Sillirum): Y

Vibrio: Y

Other vaccinations (specify):

## Declaration (see explanatory notes for further information)

(Full name)

(Address)

(Town/suburb)

(State)

(Postcode)

I declare that I am the owner or the person responsible for the husbandry of the cattle and that all the information in this document is true and correct. I also declare that I have read and understood all the questions that I have answered, that I have read and understood the explanatory notes, and that I have inspected the animals and deem them to be healthy, free of signs of disease and fit to travel.

Signature\*

Date / /

\*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed

Tel. No. ( )

Email

# NATIONAL SHEEP HEALTH STATEMENT (SHS)

*Completing this Sheep Health Statement (SHS) will assist prospective buyers to determine the suitability of these sheep for their enterprise. Although the SHS is voluntary in most states, it is mandatory in SA. (Version 4, March 2016)*

Attached to accompanying NVD/Waybill No.		PIC of the consignment property	
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A: BIOSECURITY INFORMATION	
A1. All consigned sheep were born on the consignment property.	Yes <input type="checkbox"/> No <input type="checkbox"/>
A2. The number of different sources of sheep that have been <b>INTRODUCED</b> onto the consignment property in the last 5 years is: 0 (closed flock) <input type="checkbox"/> 1- 5 <input type="checkbox"/> 6+ <input type="checkbox"/> Rams Only <input type="checkbox"/>	
A3. All consigned sheep are from a property with a livestock biosecurity plan. (see note 1) If Yes, Property Plan      Regional Biosecurity Plan      (name)	Yes <input type="checkbox"/> No <input type="checkbox"/>

B: FOOTROT / LICE / OVINE BRUCELLOSIS	
B1. To the best of my knowledge, all consigned sheep are from a <b>flock that is free of VIRULENT FOOTROT.</b> (see note 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>
B2. To the best of my knowledge, all consigned sheep are from a <b>flock that is free of LICE.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B3. All consigned sheep are from a flock in an OVINE BRUCELLOSIS scheme. If Yes, Flock Accreditation No. (except Qld)      Expiry Date      /      / 20	Yes <input type="checkbox"/> No <input type="checkbox"/>

C: OVINE JOHNE'S DISEASE (OJD)	
C1. All consigned sheep are from a SheepMAP flock. (see note 3) If yes, Status:      Year commenced in SheepMAP:	Yes <input type="checkbox"/> No <input type="checkbox"/>
C2. All consigned sheep are from a flock with a negative test for OJD. (see note 4) If Yes, which test? Faecal 350 within the past 24 months <input type="checkbox"/> Abattoir 500 within the past 24 months <input type="checkbox"/> Abattoir 150 within the past 12 months <input type="checkbox"/> Other (see note 5) <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C3. To the best of my knowledge, all consigned sheep are from a <b>flock that is not</b> infected or suspected of being infected with OJD. (see note 6)	Yes <input type="checkbox"/> No <input type="checkbox"/>
C4. All consigned lambs are NLLIS 'T' tag (terminal) lambs. (see note 7)	Yes <input type="checkbox"/> No <input type="checkbox"/>
C5. (a) All consigned sheep are Approved Vaccinates. (see note 8) (b) If Yes, I have been continuously vaccinating all retained lambs in the consignment flock for OJD for      years.	Yes <input type="checkbox"/> No <input type="checkbox"/>
C6. Sheep <b>INTRODUCED</b> onto the consignment property in the last 5 years were from a flock with: (see notes 3,4 and 8 - multiple answers may be applicable) SheepMAP accreditation <input type="checkbox"/> Negative Faecal 350 <input type="checkbox"/> Negative Abattoir 500 <input type="checkbox"/> Negative Abattoir 150 <input type="checkbox"/> All Approved Vaccinates <input type="checkbox"/> Unknown status <input type="checkbox"/> Other <input type="checkbox"/> (see note 9)	

D: TREATMENT INFORMATION OF CONSIGNED SHEEP		
Treatment	Product	Date of Last Treatment
External Parasite Treatment		/ /
Internal Parasite Treatment		/ /
Vaccination (other than OJD)		/ /

E: ADDITIONAL INFORMATION (optional - see note 10)

F: DECLARATION (see note 11)
I (full name): _____ Address: _____ declare that, I am the owner and/or person responsible for the husbandry of the sheep in this consignment and all the information on this Sheep Health Statement is true and correct: Signed: _____ Date:      /      / 20 Phone Number:      Fax number/email: _____

*Producers are advised to retain appropriate records to support this declaration. Persons making false statements may be liable under fair trading and other relevant state legislation*