

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? Y N
 if tested, were any cattle found to be persistently infected? Y N
- 3b. Have these cattle been tested for the presence of pestivirus antibody? Y N
 if tested what percentage of the tested cattle were antibody positive?
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)

I (Full name)
 (Address) (Town/suburb) (State) (Postcode)

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