



Assessment Form No. _____

*Required fields.

ASSESSMENT & VENDOR DETAILS

Auction date* _____

Assessment date* _____

Form of assessment* Individual Group

No. head in lot* _____

Stock code* _____

Sex _____

Sex composition _____

Bid Types* \$/Head c/kg Live c/kg Dressed

AGENT DETAILS

Assessor No.* _____

Is this a Parallel Assessment? Yes No

If Yes, Parallel Assessor No. _____

Parallel Assessor Name _____

Agent No.* _____

Is this a joint agency offering? Yes No

If Yes, joint agent _____

Joint agent contact name* _____

Joint agent contact details* _____

VENDOR DETAILS

PIC(s)* _____

Vendor No. _____

Vendor name* _____

Vendor email _____

Vendor phone _____

Address* (where stock are located) _____

Town* _____ Postcode* _____

Accreditations / Certifications

EU MSA If Yes, Cert. No. _____

LPA Organic If Yes, Cert. No. _____

PCAS If Yes, Cert. No. _____

Other accreditations _____

DELIVERY DETAILS

Earliest delivery date* _____

Latest delivery date* _____

Forward contract? (tick if yes)

Delivery points* _____

Show delivery coordinates in catalogue? (tick if yes)

Delivery comments _____

Weighing instructions (if offered c/kg Live) _____

DELIVERY AGENT DETAILS

Contact Name* _____

You must enter at least one contact number below.

Mobile _____ Work _____

After hours _____ Fax _____

Email _____

Special conditions of sale _____



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VENDOR SUPPLIED DETAILS

GRAZING / FEEDING DETAILS

Grazing conditions* _____

Return same?* Yes No

If No, return to _____

Feedlot Cert. No. _____ Days on lot _____

WEANING DETAILS (weaners only)

Have cattle been weaned?* Yes No

If Yes, weaning date _____

Weaning details* _____

BREEDING DETAILS

Vendor bred* Yes No

If No, stock history _____

Bloodlines / full breeding history _____

JOINING DETAILS

Not station mated

Station mated Continuously joined? Yes No

If No Date bull(s) in _____

Date bull(s) out _____

Afd Aldate _____

Bull breed(s) _____

Lot has been pregnancy tested? Yes No

If Yes, tested by Vet Non-vet contractor Vendor/Station

If Vet, NCPD ID _____

Certificate available? Yes No

Tested by (name) _____

Pregnancy test date _____

No. head preg tested in calf _____

No. head not detectable pregnant (or not preg. tested) _____

Term in Months: From _____ to _____

Joined to LBW bull? (Heifers only) Yes No

If Yes, birth weight EBV _____ and/or Bull ID _____

Additional joining details _____

HEALTH / VET TREATMENTS

HGP treated?* Yes No If Yes, product _____

Within WHP or ESI?* Yes No If Yes, product _____

Drenched Date _____ with _____

Vacc'd Date _____ with _____

Deliced Date _____ with _____

Other Date _____ with _____

Chemical residue _____

PCAS eligible Russian eligible Saudi eligible Slaughter only

BJD details _____

Movement restrictions _____

Vendor Comments _____

Brief Description of Lot _____

Vendor Signature* _____ Date* _____



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ASSESSED DETAILS

No./40ft deck

Lot Identification (Tag/Brands)

BREEDS*

	SIRE	DAM	NO. HEAD
1			
2			
3			
4			
5			
6			
7			
8			

Extended breed description

HORN STATUS (No. head)*

Polled _____ Horned _____

Tipped _____ Dehorned _____

AGE

Age* Months Years

Low* _____ High* _____

Age breakup _____

Age brands _____

DENTITION (No. head)

Nominating dentition? Yes No

If Yes, No. head mouthed

0T _____ 1-2T _____ 3-4T _____

5-6T _____ 7T _____ 8T _____

Detail any worn or broken mouths

MUSCLE SCORE (%)

A _____ B _____ C _____ D _____ E _____

CALVES AT FOOT (cows and calves only)

Number calves at foot* _____

Calves at foot sired by* _____

Age of calves* Months Weeks

Low _____ High _____

Sex composition _____

