

NATIONAL VENDOR DECLARATION (SHEEP AND LAMBS) AND WAYBILL - eDEC

Printed at: **LM & VM HERBERT**
 Print date/time: **13/02/2019 07:49**
 Phone: **0269245223** eFORM ID: **11235647**

Purchaser (Receiver) **Original** S0413



33336018

Part A To be completed by the owner or person who is responsible for the husbandry of the sheep or lambs.

Owner of sheep or lambs **LM & VM HERBERT** Karrawarra 640 Mcgledes Hill Road **NSW 2663**

Property/place where the journey commenced **JUNEE** (TOWN/SUBURB) (STATE) **NSW 2663** (FULL TRADING NAME) (ADDRESS)

Property Identification Code (PIC) of this property **NI290657** (TOWN/SUBURB) (STATE)

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

Description of sheep or lambs

Number	Year born (DPOB)	Description (BREED, SEX & TYPE E.G. CROSSED, WETHER, LAMB)	Month of shearing	PICs on Ear Tags/Brands (IF DIFFERENT TO PIC SHOWN ABOVE)	Earmarks (IF PRESENT OR REQUIRED)
32	2018	Focus Prime Rams	December	NI290657	
39	2018	Highlander Rams	December	NI290657	
10	2017	Highlander Rams	December	NI290657	
81	Total	Use the Attachment Forms for consignments that require more lines to describe the stock. (See Explanatory Notes)			

Have PICs on all NLS tags in this consignment been listed in the Description table above (other than the PIC printed on this NVD)? Yes No

OR Have all sheep in this consignment been tagged with an additional pink post breeder tag with the PIC printed on this NVD? (or WA brand as listed in the Description table above)? Yes No

Hours off feed and water before transporting **6** hours
 Consigned to **FGA Auctionplus sale**
 Elders stud stock **Wangaratta** (NAME OF PERSON OR BUSINESS) (TOWN/SUBURB) (STATE) **NSW**

Destination (if different) of sheep or lambs **As Above** (LOCATION ADDRESS) (TOWN/SUBURB) (STATE)
 Details of other statutory documents relating to this movement, e.g. health statement

DOCUMENT TYPE NUMBER OFFICE OF ISSUE EXPIRY DATE
 1 Have these sheep or lambs been raised consistent with the rules of an independently audited QA program on the property the PIC of which is shown above?
 Yes No If Yes, give details: NAME OF PROGRAM ACREDITATION OR LICENSING

2 Have all the sheep or lambs in this consignment been treated with a Scabby Mouth Vaccination either at marking or at least 14 days prior to their presentation for sale?
 Yes No

3 Were all of these sheep or lambs bred by the owner or vendor?
 Yes No If NO, how long ago were the sheep or lambs obtained or purchased?
 A. Less than 2 months B. 2-6 months C. 6-12 months D. more than 12 months

4 Are any of the sheep or lambs in this consignment still within a Withholding Period (WHP) or Export Slaughter Interval (ESI) as set by APVMA or SAFE MEAT, following treatment with any veterinary drug or chemical?
 Yes No If Yes, give details: (Record additional details in question 7)
 CHEMICAL PRODUCT TREATMENT DATE WHP ESI (IF SET)

5 In the past 60 days, have any of the sheep or lambs in this consignment consumed any material that was still within a withholding period when harvested, collected or first grazed?
 Yes No If Yes, give details:

6 Have the sheep or lambs in this consignment ever in their lives been fed feed containing animal fats? (See Explanatory Notes)
 Yes No

7 Please include any additional information below eg: vaccination programs, animal health certification, additional declarations, etc.
 See attached Ram health records

Declaration

I **Leo Herbert** Karrawarra 640 Mcgledes Hill Road
 FULL NAME FULL ADDRESS
JUNEE NSW 2663 lherbert@yahoo.com.au
 ADDRESS CONT.

declare that I am the owner or the person responsible for the husbandry of the sheep or lambs and that all the information in part A of 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, while under my control, the sheep or lambs were not fed restricted animal material (including meat and bone meal) in breach of State or Territory legislation.

Signature: *Leo Herbert* Date: **13/02/2019**

*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.
 Tel no. **0269245223** Fax no. **0269245223**

Part B To be completed by the person in charge of the sheep or lambs while they are being moved.
 Completion of this part is optional in SA and VIC.

Movement commenced: DAY MONTH YEAR TIME (FROM 24 hr time)
 Vehicle registration number(s)*: am the person in charge of the sheep or lambs during

Signature: FULL NAME am the person in charge of the sheep or lambs during the movement and declare all the information in Part B is true and correct.
 Signature Date / / 20 Tel no.

*When more than one truck is carrying the sheep or lambs, other vehicle registration numbers are to be recorded

Part C Agents declaration for sheep or lambs sold at auction. (Completion of Part C is optional)

Agents completing Part C should retain the original or a scanned copy of the original declaration or a summary for a minimum of two (2) years, or three (3) years in WA and supply a copy or summary to any buyer on request.

Vendor code Agent's code

Stock agent company Destination PIC

Buyer's name Saleyard arrival time (hh:mm 24 hr)

No. of sheep or lambs purchased Date / / 20

Agent's signature DAY MONTH YEAR