

# CATTLE HEALTH DECLARATION

AUSTRALIAN WAGYU ASSOCIATION

V.012018

Owner of cattle (full trading name) BIBALONG RY LTD

Address of property/place where journey will commence  
WINTER PARK  
575 WAUGH RD -  
CECIL PLAINS

State Q  
 Postcode 4407

PROPERTY IDENTIFICATION CODE (PIC) OF THIS PROPERTY  
 This MUST be the PIC of the property that the stock is being moved from  
QCM00400

DETAILS OF OTHER STATUTORY DOCUMENTS RELATING TO THIS MOVEMENT eg NVD  
 (document type) (document number) (office of issue) (expiry date)

Note: If NVD accompanying this declaration then you may go straight to Question 1.

DESCRIPTION OF CATTLE		
Number	Description (Breed, sex e.g. Wagyu fullblood)	Brands or Earmarks
<u>3</u>	<u>N - BULLS FULLBLOOD WAGYU</u>	<u>Q</u>
<u>3</u>	TOTAL	If additional descriptions of cattle are required, a separate form should be used

Consigned to (Name of person or business)

Address State Postcode

Destination address of cattle (if different)

Q1. Has the owner stated above, owned these cattle since birth? YES  NO

Q2. On property stated above, has an on-farm biosecurity plan been implemented? YES  NO   
 If YES, which plan (e.g. Farm Biosecurity, LBN, BioCheck)

Q3a. Have these cattle been tested for the presence of pestivirus antigen? YES  NO   
 If tested, were any found to be persistently infected? YES  NO

Q3b. Have these cattle been tested for the presence of pestivirus antibody? YES  NO   
 If tested, what percentage of the tested cattle were antibody positive?

Q4. Are these cattle from a tick-free area? YES  NO

Q5. Enzootic Bovine Leucosis (EBL) test result for animals being moved: YES  NO   
 Date of test:

Q6. Are the cattle from an EBL accredited or certified free herd? YES  NO

Q7. Are these cattle from a herd or property with an occurrence of Johne's disease (JD) in any susceptible species within the last five years?  
 YES  NO  DON'T KNOW  J-BAS of

Q8. On the property stated left, have cattle been co-grazed with dairy cattle and/or sheep?  
 YES  NO  DON'T KNOW

Q9. Source herd has a negative JD test result? CHECK TEST SAMPLE TEST  
 Date of test:

Q10. Have the cattle been tested for Infectious Bovine Rhinotracheitis (IBR)/(BHV-1)?  
 YES  NO  IBR NEGATIVE

Q11. TREATMENTS Product Treatment date (within last 6 months)

Drench		
Liver Fluke treatment		
Other treatments (type)		

Q12. Vaccinations for the cattle being moved within the last (6) months (see explanatory notes)

Clostridial vaccination (e.g. 5 in 1)	YES	Clostridial vaccination (e.g. 7 in 1)	YES
Pestivirus vaccination	YES	Clostridial vaccination (Botulism)	YES
Leptospira vaccination	YES	Bovine ephemeral fever vaccination	YES
JD (Sillirum) vaccination	YES	Vibrio vaccination	YES

Q13. Any other relevant health information or vaccinations?

DECLARATION (see explanatory notes for further information)

Full name TIMOTHY JAMES WAUGH State QW

Address WINTER PARK Postcode 4407

575 WAUGH RD CECIL PLAINS

Phone 0428 607153 Email WINTER - PARK @BIGBOND.COM

I declare that I am the owners 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 \* [Signature] Date: 8-3-2019

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