

CATTLE HEALTH DECLARATION

Owner of cattle (full trading name) **Granite Springs**

Address of property/place where journey will commence
Lot 100, Carlaminda Rd
Ferguson

State **WA**
 Postcode **6 2 3 6**

PROPERTY IDENTIFICATION CODE (PIC) OF THIS PROPERTY
 This MUST be the PIC of the property that the stock is being moved from
WJDP0616

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
2	Wagyu full blood, Bulls	GSP
2	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) **Farm Biosecurity (J-BAS)**

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: **Not tested for EBL**

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 **7**

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: **10 August 2018**

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

TREATMENTS	Product	Treatment date (within last 6 months)
Drench	Cattle Guard	19 February 2019
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 (Silirum) vaccination	YES	Vibrio vaccination	YES

Q13. Any other relevant health information or vaccinations? **Multimin**

DECLARATION (see explanatory notes for further information)

Full name **David Brumby** State **WA**
 Address **PO Box 9150** Postcode **6 2 2 9**
Picton Email **granitesprings100@gmail.com**
 Phone **0435 313 552**

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 * *David Brumby* Date: **6 mar 19.**

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