

# NATIONAL CATTLE HEALTH DECLARATION

Version  
24/10/2016

Owner of cattle P.N. KRAUSE & CO  
(Full trading name)

Property/place where the journey commenced 'SUNNYSIDE' 146  
(Address)

KRAUSE'S Rd GUM FLAT NSW 2360  
(Address continued) (Town/suburb) (State) (Postcode)

Property Identification Code (PIC) of this property NK592130  
This MUST be the PIC of the property that the stock is being moved from

Details of other statutory documents relating to this movement e.g. NVD

(Document type) (Document number) (Office of issue) (Expiry date)

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

Number	Description (Breed, sex e.g. Hereford Cross Steers)	Brands or Earmarks
1	WAGYU BULLS	PSKFN0131
Total		

Consigned to RURALCO HOLDINGS  
(Name of person or business)

(Address) (Town/suburb) (State) (Postcode)

Destination (if different) of cattle .....  
(Location address)

1. Has the owner stated above owned these cattle since birth?  
Yes  No

2. On the property stated above, has an on-farm biosecurity plan been implemented?  
Yes  No   
If yes, which plan (e.g. Farm Biosecurity, LPA, Grazing BMP) LPA QA

3a. Have these cattle been tested for the presence of pestivirus antigen? Yes  No   
If tested, were any cattle found to be persistently infected? Yes  No

3b. Have these cattle been tested for the presence of pestivirus antibody? Yes  No   
If tested what percentage of the tested cattle were antibody positive? .....

4. Enzootic Bovine Leucosis (EBL) test result for animals being moved: .....

Date of test ...../...../.....

5. Are the cattle from an EBL accredited or certified free herd: Yes  No

6. Are these cattle from a herd or property with an occurrence of John's disease (JD) in any susceptible species within the last five years?  
Yes  No  Don't know  J-BAS of ..... (optional)

7. On the property stated above, have cattle been co-grazed with dairy cattle and/or sheep?  
Yes  No  Don't know

8. Source herd has a negative JD test result: Check Test  Sample Test   
Date of test ...../...../.....

9. 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) .....

10. Treatments

Treatments	Product	Date of treatment within last 6 months
Drench		
Liver fluke treatment		
Other treatments (type)		

11. Current vaccinations for the cattle being moved (see explanatory note)

Clostridial vaccination (e.g. 5 in 1): Yes  No  Clostridial vaccination (Botulism): Yes  No

Pestivirus vaccination: Yes  No  Bovine ephemeral fever vaccination: Yes  No

Leptospira vaccination: Yes  No  Vibrio vaccination: Yes  No

JD (Silirum) vaccination: Yes  No

Other vaccinations (specify): Bovilis TMH1BR / PULLIGUARD

12. Any other relevant health information .....

DECLARATION (see explanatory notes for further information)

I, PETER KRAUSE 'SUNNYSIDE' 146  
(Full name) (Full address)

KRAUSE'S Rd INVERELL NSW 2360  
(Address continued) (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 disease and fit to travel.

Signature\* P. Krause Date 7/19/2019  
\*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.

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