

NATIONAL SHEEP HEALTH STATEMENT (SHS)

Completing this Sheep Health Statement (SHS) will assist prospective buyers to determine the suitability of these sheep for their enterprise. Although the SHS is voluntary in most states, it is mandatory in SA. (Version 4, March 2016)

Attached to accompanying NVD/Waybill No. <u>24178741</u>	PIC of the consignment property <u>ND341347</u>
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A: BIOSECURITY INFORMATION

A1. All consigned sheep were born on the consignment property.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
A2. The number of different sources of sheep that have been INTRODUCED onto the consignment property in the last 5 years is: 0 (closed flock) <input type="checkbox"/> 1-5 <input checked="" type="checkbox"/> 6+ <input type="checkbox"/> Rams Only <input type="checkbox"/>	
A3. All consigned sheep are from a property with a livestock biosecurity plan. (see note 1) If Yes, Property Plan <input type="checkbox"/> Regional Biosecurity Plan <input type="checkbox"/>(name)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

B: FOOTROT / LICE / OVINE BRUCELLOSIS

B1. To the best of my knowledge, all consigned sheep are from a flock that is free of VIRULENT FOOTROT. (see note 2)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B2. To the best of my knowledge, all consigned sheep are from a flock that is free of LICE.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B3. All consigned sheep are from a flock in an OVINE BRUCELLOSIS scheme. If Yes, Flock Accreditation No. (except Qld) <u>Y493</u> Expiry Date <u>14/1/2022</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

C: OVINE JOHNE'S DISEASE (OJD)

C1. All consigned sheep are from a SheepMAP flock (see note 3). If yes, Status Year commenced in SheepMAP.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C2. All consigned sheep are from a flock with a negative test for OJD. (see note 4) If Yes, which test? Faecal 350 within the past 24 months <input type="checkbox"/> Abattoir 500 within the past 24 months <input type="checkbox"/> Abattoir 150 within the past 12 months <input type="checkbox"/> Other <input type="checkbox"/> (see note 5).....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C3. To the best of my knowledge, all consigned sheep are from a flock that is not infected or suspected of being infected with OJD. (see note 6)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C4. All consigned lambs are NLIS 'T' tag (terminal) lambs. (see note 7)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C5. (a) All consigned sheep are Approved Vaccinates. (see note 8) (b) If Yes, I have been continuously vaccinating all retained lambs in the consignment flock for OJD for <u>1.5</u> years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C6. Sheep INTRODUCED onto the consignment property in the last 5 years were from a flock with: (see notes 3, 4 and 8 - multiple answers may be applicable) SheepMAP accreditation <input checked="" type="checkbox"/> Negative Faecal 350 <input type="checkbox"/> Negative Abattoir 500 <input type="checkbox"/> Negative Abattoir 150 <input type="checkbox"/> All Approved Vaccinates <input checked="" type="checkbox"/> Unknown status <input type="checkbox"/> Other <input type="checkbox"/> (see note 9).....	

D: TREATMENT INFORMATION OF CONSIGNED SHEEP

Treatment	Product	Date of Last Treatment
External Parasite Treatment	/...../.....
Internal Parasite Treatment	/...../.....
Vaccination (other than OJD)	<u>weaner guard</u>	<u>12/01/2021</u>

E: ADDITIONAL INFORMATION (optional - see note 10)

F: DECLARATION (see note 11)

I (full name): Amanda Watkins
 Address: 822 Pine Lodge Rd, Pine Lodge 2714
 declare that, I am the owner and/or person responsible for the husbandry of the sheep in this consignment and all the information on this Sheep Health Statement is true and correct.
 Signed: [Signature] Date: 21/1/2021
 Phone number: 0417581059 Fax number/email:

Producers are advised to retain appropriate records to support this declaration. Persons making false statements may be liable under fair trading and other relevant state legislation.

**NATIONAL VENDOR DECLARATION
(SHEEP AND LAMBS) AND WAYBILL**

S0720 24178741

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 SA, AF, WORTKINS 822 Pine Lodge Rd (FULL ADDRESS)

Property/place where the journey commenced Pine Lodge NSW (TOWN/SUBURB) (STATE)

Property Identification Code (PIC) of this property ND341347

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

Number	Year born	Description (BREED, SEX & TYPE)	Month of shearing	PIC or Brand on Ear Tags	Earmarks
(DPOF)		E.G. CROSS-BRED, WETHER, LAMB		(IF DIFFERENT TO PIC SHOWN ABOVE)	(IF PRESENT OR REQUIRED)
1	20	Suffolk Ram	Dec		DD
Total Use the Attachment Forms for consignments that require more lines to describe the stock. (See Explanatory Notes)					

A. Have PICs on all of the NLS tags only on sheep in this consignment been listed in the Description table above (other than the PIC printed on this NVD)? - Yes OR

B. Have all sheep in this consignment been tagged with an NLS tag with the PIC printed on this NVD or the associated WA brand as listed in the description table above - Yes AND/OR

Number of electronic NLS devices in this consignment _____

Hours off feed and water before transporting _____

Consigned to Elders WONGAWATA VIC (NAME OF PERSON OR BUSINESS) (TOWN/SUBURB) (STATE)

Destination (if different) of sheep or lambs _____ (LOCATION ADDRESS) (STATE)

Destination PIC (REQ: WA & TAS) _____ (LOCATION ADDRESS)

Details of other statutory documents relating to this movement e.g. health statement _____ /20

CONSIGNMENT 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 of the property the PIC of which is shown above?

Yes No If Yes, give details: _____ NAME OF PROGRAM _____ ACCREDITATION OR LICENSE NO. _____

2 Have all the sheep or lambs in this consignment been treated with a Scabby Mouth Vaccination either at marketing or at least 14 days prior to their presentation for sale?

Yes No If Yes, give details: _____

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? (If purchased at different times, tick the box corresponding to the time of the most recent purchase.)

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)

Weanerguard. 12 / 1 / 2021 WHP [28] ESI (if SET) [28]

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: _____

CHEMICAL PRODUCT _____ DATE APPLIED _____ /20 _____

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.

GUADAR VACC.

Declaration

I, Amanda Wortkins, FULL NAME
822 Pine Lodge Rd, Pine Lodge 2114, FULL ADDRESS
VIC, 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 * [Signature] Date * 22 / 1 / 2021

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

Tel no. 0417581059 Fax no. _____

Email. _____

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.

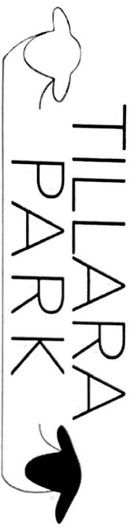
Movement commenced: _____ /20 _____ (am/pm)

Vehicle registration number(s): _____

I 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.



POLL DORSETS • SUFFOLKS

TILLARA PARK 20-0060

Male Dob: 01 June 2020 Birth type: 1 Rear type: 1

Bwt	Wwt	Pwwt	Pfat	Pemd	Pwec	NIM%	LEO	TCP	SRC
0.19	5.5	8.1	*	*	*	*	0.0	107.8	0.0

Analysis ..
TERMINAL 15 January 2021

Friday, 22 January 2021

DEPPELER
1921022015153001

TILLARA PARK
Wwt 5.26 (45)
1922592017171031

DEPPELER
1921022015153016

TILLARA PARK
Wwt 5.47 (41)
1922592020200060

PINNACLE
1919872010100030

NOBLE-LEE
Wwt 5.17
1919512014141042

NOBLE-LEE
1919512010100818