NATIONAL VENDOR DECLARATION (SHEEP AND LAMBS) AND WAYBILL

S0720   24304235

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   Ashawnoo Poll Dorsets

Property/place where the journey commenced   16327 Hume Highway
(FULL TRADING NAME)

Marulan NSW
(ROAD ADDRESS)   (TOWN/SUBURB)   (STATE)

(ADDRESS CONTINUED)

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

NI270920

Description of sheep or lambs

Use the Attachment Forms for consignments that require more lines to describe the stock. (See Explanatory Notes)

Number	Year born (DROP)	Description (BREED, SEX & TYPE) E.G. CROSS-BRED, WETHER, LAMB	Month of shearing	PIC or Brand on Ear Tags (IF DIFFERENT TO PIC SHOWN ABOVE)	Earmarks (IF PRESENT OR REQUIRED)
Total					

Number of electronic NLIS devices in this consignment

Hours off feed and water before transporting

Consigned to
(NAME OF PERSON OR BUSINESS)

(ADDRESS)
(TOWN/SUBURB)

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

Destination PIC (REQ: WA & TAS)

Details of other statutory documents relating to this movement e.g. health statement
Health Statement
DOCUMENT TYPE   NUMBER   OFFICE OF ISSUE   EXPIRY DATE   / /20

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

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

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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
ACCREDITATION OR LICENSE NO.

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?
(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 ☐

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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 SAFEMEAT, following treatment with any veterinary drug or chemical?
Yes ☒   No ☐   If Yes, give details: (Record additional details in question 7)
CHEMICAL PRODUCT   Axone c Duel
DATE APPLIED   26 / 7 /2021
WHP   49   ESI (IF SET)   84

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
GRAZING WHP   DATE FIRST FED/GRAZED   / /20
DATE FEEDING/GRAZING CEASED   / /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.
Alavac 65B12 Cudav

Declaration

I   Narisa Cooper
FULL NAME
Marulan NSW 2579   16327 Hume Highway
ADDRESS CONT.   FULL ADDRESS

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 the explanatory notes, and that, while under my control, I have read and understood the sheep or lambs were not fed restricted animal material (including meat and bone meal) in breach of State or Territory legislation.

Signature*   Mooper   **Date***   3 / 9 /2021
*Only the person whose name appears above may sign this declaration, or make amendments which must be initialled.

Tel no. 0421958931   **Fax no.**

Email. Narlisa.cooper@westnet.com.au

LPA

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.
FULL NAME

Signature   **Date** / /20   **Tel no.**

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