

NATIONAL VENDOR DECLARATION (SHEEP AND LAMBS) AND WAYBILL

25431279

S0720

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 NONNING PASTORAL (FULL TRADING NAME)
 Property/place where the journey commenced KILMOREY 1004 (ROAD ADDRESS)
KILMOREY RD WOODLUMBOOL (TOWN/SUBURB) SA272 SA (STATE)
 (ADDRESS CONTINUED)

Property Identification Code (PIC) of this property SA181614
 This MUST be the PIC of the property that the stock is being moved from

Description of sheep or lambs			
Number	Year born (DROP)	Description (BREED, SEX & TYPE E.G. CROSS-BRED, WETHER, LAMB)	Month of shearing
243	2020	WHITE DOBREKEM	N/A
Total			243

A. Have PICs on all of the N LIS 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 N LIS 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 N LIS devices in this consignment 24
 Hours off feed and water before transporting 24

Consigned to _____ (NAME OF PERSON OR BUSINESS)
 _____ (TOWN/SUBURB) _____ (STATE)

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

Destination PIC (REQ: WA & TAS) _____
 Details of other statutory documents relating to this movement e.g. health statement NATIONAL SHEEP HEALTH STATEMENTS NUMBER _____ OFFICE OF ISSUE _____ EXPIRY DATE 1/20

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: 98 NAME OF PROGRAM 1184 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

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)
 CHEMICAL PRODUCT ZOLVIX PLUS DRENCH DATE APPLIED 7/10/2022 WHP _____ DATE FIRST FED/GRAZED _____ DATE FEEDING/GRAZING CEASED _____ ESI (IF SET) 21

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 _____ /20 _____ /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.
EXTENSAD 7/10/22
GIN 1 19/10/22

Declaration

I ANGUS MCTAGGART FULL NAME KILMOREY LPA
PMB 266 NARACOORTE SA S271 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 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* A. J. J. McTaggart Date* 21/10/2022
 *Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.

Tel no. 0428481814 Fax no. N/A
 Email. nonning@bigpond.com

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 _____ FULL NAME
 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.

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.	25431279	PIC of the consignment property	SA181614
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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 type="checkbox"/> 6+ <input type="checkbox"/> Rams Only <input checked="" type="checkbox"/>	
A3. All consigned sheep are from a property with a livestock biosecurity plan. (see note 1) If Yes, Property Plan <input checked="" type="checkbox"/> Regional Biosecurity Plan <input type="checkbox"/>(name)	Yes <input checked="" type="checkbox"/> No <input 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) ...1184..... Expiry Date 31/12/2022	Yes <input 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 checked="" type="checkbox"/> Abattoir 150 within the past 12 months <input checked="" type="checkbox"/> Other <input type="checkbox"/> (see note 5).....	Yes <input checked="" type="checkbox"/> No <input 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 years	Yes <input type="checkbox"/> No <input checked="" 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 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	EXTENOSAD	...7/10/2022
Internal Parasite Treatment	ZOLVAX PLUS	...7/10/2022
Vaccination (other than OJD)	6 in 1 Booster	...19/10/2022

E: ADDITIONAL INFORMATION (optional - see note 10)

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F: DECLARATION (see note 11)

I (full name): ANGUS MCTAGGART

Address: "KILMOREY" PMB 266 NARACOORTE SA 5271

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: A. McTaggart Date: 21/10/2022

Phone number: 0428 981814 Fax number/email: hanning@bispond.com

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.