

NATIONAL VENDOR DECLARATION (SHEEP AND LAMBS) AND WAYBILL - eNVD

S0720 40943003

Print date/time:

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 Stokes Bay Genetics (FULL TRADING NAME)

Property/place where the journey commenced 1923 Bark Hut Rd,

(ADDRESS) KINGSCOTE SA (TOWN/SUBURB) (STATE)

Property Identification Code (PIC) of this property SA505287
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	PIC or Brand on Ear Tags (IF DIFFERENT TO PIC SHOWN ABOVE)	Earmarks (IF PRESENT OR REQUIRED)
115	2021	Sale Rams - M	Aug		
115	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 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

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

Number of electronic NLIS devices in this consignment 115

Hours off feed and water before transporting 24

Consigned to On Property Ram Sale (NAME OF PERSON OR BUSINESS)

(ADDRESS) (TOWN/SUBURB) (STATE)

Destination (if different) of sheep or lambs On Property Ram Sale: (LOCATION ADDRESS)

Destination PIC (REQ: WA & TAS) _____

Details of other statutory documents relating to this movement e.g. health statement
Health (Sheep) 40943002 AHA / / 20
DOCUMENT 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 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

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)

Startect 13/ 10 / 2022 14 28
CHEMICAL PRODUCT DATE APPLIED WHP ESI (IF SET)

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 / / 20 / / 20 / / 20
DATE APPLIED GRAZING WHP DATE FIRST FED/GRAZED DATE FEEDING/GRAZING CEASED

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.

Declaration

I Michael Stanton 1923 Bark Hut Rd,
FULL NAME FULL ADDRESS
KINGSCOTE SA
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* 14/ 10 / 2022

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

Tel no. 0427992260 Fax no. _____

Email. mickystanton@hotmail.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 _____ 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 DECLARATION

July 2019

Property Identification Code (PIC) of this property

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

SA505287

Attached to accompanying NVD/Waybill No.

40943003

SECTION A – Biosecurity Information

1. All consigned sheep are from a Livestock Production Assurance (LPA) accredited property?* Y N
2. The number of different sources of sheep that have been **introduced** onto the consignment property in the last 5 years is:
- 0 (closed flock) 1-5 6+ Rams Only

SECTION B – Animal Health Information

3. All consigned sheep are from a flock that is free of **virulent footrot**?* Y N
4. All consigned sheep are from a flock that is free of benign footrot or scald?* Y N
If (N) please provide further information below
5. All consigned sheep are from a flock that is free of **lice**?* Y N
6. All consigned sheep are from a flock in an **ovine brucellosis** accreditation scheme? Y N
If Yes, Flock Accreditation No. (except Qld) 1244 Expiry Date 31 / 12 / 24
7. All consigned sheep are Johne's disease (JD) Approved Vaccinates?* Y N
If Yes, I have been continuously vaccinating all retained lambs in the consignment flock against JD for 20 years. (*Vendor-bred sheep only*)
8. All consigned sheep are from a SheepMAP flock?* Y N
If yes, Status MN1-V Year commenced 2008 Certificate Number S399-v

*See explanatory notes on back page for further information

9. All consigned sheep are from a flock with a negative test for JD?* Y N
If Yes, which test? Date of test / /

10. Any other JD management practices carried out on the property?
.....

11. Any other relevant health information
.....

SECTION C – Treatment Information of Consigned Sheep

Treatment type	Product	Date of last treatment
External Parasite Treatment	Coopers Vanquish	16/08/2022
Internal Parasite Treatment		
Other treatments		
Vaccination (other than JD)	* Refer to attachment page	

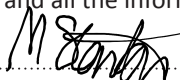
Declaration (see explanatory notes for further information)

I Michael Stanton
(Full name)

1923 Bark Hut Rd, KINGSCOTE SA
(Address) (Town/suburb) (State) (Postcode)

Tel. No. () 0427992260 Email mickystanton@hotmail.com

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 Declaration is true and correct:

Signature  Date 14 / 10 / 22

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.

40943002

Vaccination (other than OJD) Information of Consigned Sheep::

PRODUCT	DATE OF LAST TREATMENT
Tasvax 5 in 1	14-10-2022
Coopers Selenium & Cobalt Bullet	14-04-2022