

Assessment Form No. _____

*Required fields.

ASSESSMENT & VENDOR DETAILS

Auction date* _____

Assessment date* _____

Form of assessment* Individual Group

No. head in lot* _____

Stock code* _____

Sex _____

Sex composition _____

Bid Types* \$/Head c/kg Live c/kg Dressed

AGENT DETAILS

Assessor AuctionsPlus ID* _____

Is this a Parallel Assessment? Yes No

If **Yes**, Parallel Assessor No. _____

Parallel Assessor Name _____

Agent AuctionsPlus ID* _____

Is this a joint agency offering? Yes No

If **Yes**, joint agent _____

Joint agent contact name* _____

Joint agent contact details* _____

VENDOR DETAILS

PIC(s)* (where stock are located) _____

Vendor AuctionsPlus ID* _____

Vendor name* _____

Vendor email: _____

Vendor phone: _____

Address* (where stock are located) _____

Town* _____

Postcode* _____

Accreditations / Certifications

MSA If **Yes**, Cert. No. _____

LPA Organic If **Yes**, Cert. No. _____

Other accreditations _____

DELIVERY DETAILS

Earliest delivery date* _____

Latest delivery date* _____

Forward contract? (tick if yes)

Delivery points* _____

Show delivery coordinates in catalogue? (tick if yes)

Delivery comments _____

Weighing instructions (If offered c/kg Live) _____

DELIVERY AGENT DETAILS

Contact Person* _____

Mobile* _____

Work _____

After hours _____

Fax _____

Email* _____

AGENCY TERMS OF TRADE

SPECIAL CONDITIONS OF SALE

*Required fields.

VENDOR SUPPLIED DETAILS

GRAZING / FEEDING DETAILS

Grazing Conditions* _____

Return same?* Yes No

If **No**, return to* _____

WEANING DETAILS (Required for Suckers & Lambs)

Have Lambs been Weaned?* Yes No

If **Yes**, weaning date*: _____

Weaning details: _____

BREEDING DETAILS

Vendor bred* Yes No

If **No**, stock history*: _____

Bloodlines / full breeding history _____

JOINING DETAILS

Not station mated 100% scanned empty

Any access to rams/ stags?* Yes No

If **Yes**, date of last access: _____

Details: _____

Station mated *? Continuously joined? Yes No

If **No**, Date ram(s) in: _____ Date ram(s) out: _____

Ram Breeds: _____ Ram Breeds: _____

Any access to rams/stags outside this joining period*

Yes No

If **Yes**, details* _____

Ram breed(s) _____

Lot has been pregnancy scanned? Yes No

If **Yes**, tested by* Vet Non-vet contractor Vendor/Station

Certificate/ statement available? Yes No

Scanned by* (name) _____

Pregnancy scan date _____ % of mob in lamb* _____

% multiples (of ewes in lamb) _____ % singles (of ewes in lamb) _____

Term in Months (at time of assessment)*: _____

From _____ To _____ % rams _____

Additional joining details _____

ANIMAL HEALTH & BIOSECURITY

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

All consigned sheep are from a flock that is free of virulent Footrot?*

Yes No If **No**, details: * _____

All consigned sheep are from a flock that is free of benign footrot or Scald? * Yes No If **No**, details: * _____

Feet were inspected? Yes No If **Yes**, Number of Head: * _____

Details: * _____

All Consigned Sheep are from a flock that is free of lice? * Yes No

If **No**, details: * _____

All consigned sheep are from a flock in and ovine brucellosis accreditation scheme: * Yes No

If **Yes**: Flock accreditation number: _____ Expiry date: * _____

Within WHP or ESI? * Yes No

If **Yes**, product: * _____

*Required fields.

HEALTH TREATMENTS

	Treatment Type	Date	Product
1			
2			
3			
4			
5			
6			
7			
8			

Russian eligible Saudi eligible Slaughter only

National Sheep Health Declaration:*

Will be provided at delivery Will be provided at buyer request

Approved JD vaccinates? * Yes No

If yes, vendor has been continuously vaccinating all retained lambs in the consignment flock against JD for _____ years. (Vendor bred only)

All consigned Sheep are from a SheepMAP flock* Yes No

If yes, status: * MN1 MN2 MN3 MN1-V MN2-V MN3-V

Year Commenced: * _____ Certificate Number: * _____

All consigned sheep are from a flock with a negative test for JD: *

Yes No If yes, which test: *

_____ Date of test: *

Any other JD Management practices carried out on the property?:

Any other relevent health information:

MOVEMENT RESTRICTIONS Yes No

If Yes, details: *

SHEARING DETAILS

Mulesed? * Yes No

If Yes, Type (%): Light Moderate

_____ Radical Unmulesed

If Yes, was pain relief used? Yes No

If Yes, details:

Shedding breed? * Yes No

If No, any known contact with shedding breeds in their lifetime * _____

Yes No

Date shorn* _____

Wool cut Year kgs

Micron test Year micron

Yield Year %

Vendor Comments

VENDOR DECLARATION*

I (full name): _____

Address: _____

declare that; I am the owner and/ or person responsible for the husbandry of the sheep in this consignment and all the information provided to the assessor on this sheep assessment is true and correct.

I also agree to comply with the AuctionsPlus Pty Limited User Agreement & Sale Terms which include giving sole agency to my agent until 3 days post-sale.

*Signed: _____

*Date: _____

Phone 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 legislations.*

*Required fields.

ASSESSED DETAILS

No. / 40ft deck

Lot Identification (Tag/Brands)

BREEDS*

	TYPE (PURE, 1ST CROSS, 2ND CROSS, OTHER)	SIRE	DAM	%
1				
2				
3				
4				
5				
6				
7				
8				

Extended breed description

AGE / DROP

Drop (suckers/lambs)* Earliest Year* Month* Day
 Latest Year* Month* Day

Age (hoggets / ewes / wethers / rams)* Months Years

Low* High*

Age breakup

DENTITION (No. head)

Nominating dentition? Yes No

If Yes, No. head mouthed

Lamb 2T 4T 6T

8T Worn Broken

Detail any lambs with incisors that have erupted but are not in Wear*:

Detail any worn or broken mouths

WOOL / SKIN DETAILS

Crutched?* Yes No

If Yes, type* Market Keyhole
 Full

Wool Length (%)*

0-0.25" 0-5mm		1.5-2" 39-51mm	
0.25-0.5" 6-13mm		2-2.5" 52-64mm	
0.5-1" 14-25mm		2.5-3" 65-76mm	
1-1.5" 26-38mm		3"+ 77mm+	

Majority Length* Inches Millimetres

Degree of burr* Nil Very light Light Medium Heavy

Types*

Degree of seed* None observed Very light Light

Medium Heavy

Types*

Skin comments.*

LAMBS AT FOOT (ewes and lambs only)

Number lambs at foot*

Lambs at foot sired by*

Age of lambs* Months Weeks

Low High

Sex composition

*Required fields.

COMMENTS

FRAME		BREEDING QUALITY		WRINKLE SCORE		CARCASE QUALITY GRADE %	
A (71cm+)	%	Excellent	%	1 (Plain)	%	ETQ	%
B (66-70cm)	%	Very good	%	2 (Light)	%	GAQ	%
C (61-65cm)	%	Good	%	3 (Medium)	%	FAQ	%
D (56-60cm)	%	Fair	%	4 (Heavy)	%	PLQ	%
E (-55cm)	%	Plain	%				

Comment on fat score 1 Sheep *

ASSESSOR COMMENTS

What best describes this lot?*

Assessor comments*

Assessor Signature*

Date*

REVIEW ASSESSMENT

Form of Reserve: \$/head c/kg live c/kg dressed Reserve: Start:

Bid Increment \$/ Head: \$0.05 \$1 \$5 \$10 \$25 \$50

PROMOTE YOUR LISTING

AuctionsPlus

Promote your listing and your brand to a wider audience on direct Agri-Marketing platforms.

\$30/day (ex GST)

The Herd Online

Automatically place your listing, photos and videos on The Herd Online website with a link back to AuctionsPlus.

Standard \$10 (ex GST)

Assessment Form

Scanning/ Pregnancy Statement

****Please upload this document if you do not have the original scanning/ pregnancy certificate****

Property Name: _____

Property Address: _____

PIC No: _____ Assessment No: _____

Assessor Name: _____ Agency: _____

Ph: _____

Tested by: Vet Non-vet contractor Vendor/Station Assessor/Agent

IFVet, NCPD ID _____

Name: _____

Company: _____

Address: _____

Date Scanned: _____

Electronic file with pregnancy status and EID available Yes No

Results

Mob					Total No. Tested
Preg Tested in lamb					
Preg Tested non-detectable					

*I _____ am the owner/manager of the livestock described above and believe this information is accurate to the best of my knowledge.

_____ (Signature) _____ (Date)

*I _____ scanned the above livestock and believe this information is accurate to the best of my knowledge

_____ (Signature) _____ (Date)

*I _____ am the assessor of the livestock described above and believe this information is accurate to the best of my knowledge.

_____ (Signature) _____ (Date)

****Please state in sale terms if there are any guarantees on live lamb status. Unless stated, or agreed to in writing prior to the sale, there are no guarantees on pregnancy aging or the delivery of a live lamb****

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

--	--	--	--	--	--	--	--	--	--

Attached to accompanying NVD/Waybill No.

SECTION A – Biosecurity Information

- All consigned sheep are from a Livestock Production Assurance (LPA) accredited property?* Y N
- 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

- All consigned sheep are from a flock that is free of virulent footrot?* Y N
- All consigned sheep are from a flock that is free of benign footrot or scald?* Y N
If (N) please provide further information below

- All consigned sheep are from a flock that is free of lice?* Y N

- All consigned sheep are from a flock in an ovine brucellosis accreditation scheme? Y N

If Yes, Flock Accreditation No. (except Qld) Expiry Date / /

- All consigned sheep are Johnes disease (JD) Approved Vaccinates?* Y N
 If Yes, I have been continuously vaccinating all retained lambs in the consignment flock against JD for years. (Vendor-bred sheep only)

- All consigned sheep are from a SheepMAP flock?* Y N
 If yes, Status Year commenced Certificate Number

*See explanatory notes on back page for further information

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

- 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		
Internal Parasite Treatment		
Other treatments		
Vaccination (other than JD)		

Declaration (see explanatory notes for further information)

I
 (Full name)

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

Tel. No. () Email

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** / /

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.