

Assessment Form No. _____

*Required fields.

ASSESSMENT & VENDOR DETAILS

Auction Name:* Weaner & Yearling Eastern States
 TAS Cattle WA Cattle

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:* _____

Assessor declares financial interest in this lot: Yes No

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) _____

Vendors PIC has been assigned an Accessed Cotton Trash Status Yes No

Cattle in the consignment have been transferred from a PIC with access Cotton Trash Status in the last 60 days Yes No

If yes, date transferred to vendor PIC* _____

Vendor AuctionsPlus ID: _____

Vendor Name:* _____

Address:* (where stock are located) _____

Town:* _____

Postcode:* _____

Accreditations / Certifications :

EU MSA If Yes, Cert. No. _____

LPA Organic If Yes, Cert. No. _____

PCAS If Yes, Cert. No. _____

DELIVERY DETAILS

Earliest Delivery Date:* _____

Latest Delivery Date:* _____

Forward contract? (tick if yes)

Delivery Points:* _____

Nearest Delivery Town:* _____

Show delivery coordinates in catalogue? (tick if yes)

Trucking Access:* _____

Delivery Comments: _____

Vendor/Agent willing to scan & transfer cattle at Buyer Request & Buyer Cost?

Yes No

If Yes, cost per head \$ _____

Weighing Instructions: (If offered c/kg Live) _____

DELIVERY AGENT DETAILS

Contact Person:* _____

Delivery Agent ID:* _____

Mobile:* Work

After hours Fax

Email:* _____

Agent declares financial interest in this lot Yes No

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 _____

Feedlot Cert. No. _____ Days on lot _____

WEANING DETAILS (required for cattle under 12 months)

Have Cattle 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:

Any Access to bulls/ stags? Yes No

If Yes, Date of last access: _____

Details: _____

Station Mated Station Mated No

100% preg tested not detectable

Continuously joined? Yes No

If No Date bull(s) in _____ Date bull(s) out _____

Bull breed(s) _____

Any access to bulls/ stags outside this joining period?

Yes No

If Yes, details: _____

AI'd AI date _____

Bull breed(s) _____

** Please note; if stud bulls used please link to ABRI in media**

Joined to registered Bulls: Yes No If Yes, Bull ID: _____

Lot has been pregnancy tested? Yes No

If Yes, tested by Vet Non-vet contractor Vendor/Station
If Vet, NCPD ID _____

Certificate/statement available? Yes No

Tested by: (name) _____

Pregnancy Test Date: _____

No. head preg tested in calf: _____

Term in Months: (at time of assessment) From _____ To _____

Additional joining details _____

HEALTH / VET TREATMENTS

HGP treated? * Yes No If Yes, product _____

Within WHP or ESI? * Yes No If Yes, product _____

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

Chemical residue _____

PCAS eligible Russian eligible Saudi eligible
Slaughter only

JBAS Score _____

MOVEMENT RESTRICTIONS Yes No

If Yes, details: _____

NLIS DEVICE Eartag Rumen Bolus Eartag and Bolus

If Eartag and Bolus, Number of head with Bolus: _____

VENDOR COMMENTS

VENDOR DECLARATION*

I (full name): _____

Address: _____

I declare that; I am the owner and/ or person responsible for the husbandry of the cattle in this consignment and all the information provided to the assessor on this cattle assessment is true and correct. I also agree to comply with the AuctionsPlus Pty Limited User Agreement and Sale Terms which include giving sole agency to my agent until 3 days post-sale.

*Signed: _____

*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 legislations. *

*Required fields.

ASSESSED DETAILS

No. / 40ft deck

Lot Identification (Tag/Brands)

BREEDS*

| | SIRE | DAM | NO. HEAD |
|---|------|-----|----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Extended breed description:

BURR/SEED IN COATS

Any burr, seeds or weeds declared noxious in the area observed in the coats ? Yes No

If Yes, details:

HORN STATUS (No. head)*

Polled Horned
 Tipped Dehorned
 Scurred

AGE

Age:* Months Years

Low* High*

Age breakup

Age brands

DENTITION (No. head)

Nominating dentition? Yes No

If Yes, No. head mouthed

| 0T | 1-2T | 3-4T | 5-6T |
|----|------|------|--------|
| 7T | 8T | Worn | Broken |

Detail any worn or broken mouths

MUSCLE SCORE (%)

A B C D E

CALVES AT FOOT (cows and calves only)

Number calves at foot*

Calves at foot sired by*

Sired by registered bulls* Yes No If Yes, Bull ID*:

Age of calves* Months Weeks

Low High

Sex composition

*Required fields.

WEIGHTS (GROUP ASSESSMENT)

Were animals handled?: Yes No

Hours off feed:* _____

Weight gain _____ kg / day

Delivery adjustment %:* _____

(Adjust for the curfew before trucking or industry standard for pay weight)

Dressing Percentage:* _____ %

(Apply your dressing % to the weight at assessment - not curfew/adjusted weight)

Weights (Select one) Live Dressed

Weight range (kg) (low) (high)

Fat score (low) (high)

****AuctionsPlus recommends 100% Cattle Sampled/Weighed on all assessments to maximise accuracy and buyer confidence. Minimum 50% sample is required for your lot to be catalogued****

WEIGHT & FAT

NOTE Dressed: Use Ausmeat weight ranges - 20kg increment (i.e. 200.1kg-220kg). Exception is 150.1kg-160kg.

Live: Double Ausmeat weight ranges - 40kg increment (i.e. 400.1kg-440kg). Exception is 300.1kg-320kg.

Enter number of head for each range specified

| WEIGHT RANGE (kg) | FAT SCORE | | | | | | TOTALS |
|-------------------|-----------|-----------|------------|-------------|-------------|-----------|--------|
| | 1 (0-2mm) | 2 (3-6mm) | 3 (7-12mm) | 4 (13-22mm) | 5 (23-32mm) | 6 (33mm+) | |
| - | | | | | | | |
| - | | | | | | | |
| - | | | | | | | |
| - | | | | | | | |
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| - | | | | | | | |
| - | | | | | | | |
| - | | | | | | | |
| - | | | | | | | |

CALVES AT FOOT WEIGHTS (cows and calves only)

Number handled _____ Low wt (kg) _____

Calves were bulk weighed:* Yes No

High wt (kg) _____ Average wt (kg) _____

*Required fields.

COMMENTS

| FRAME | | BREEDING QUALITY | | STORE CONDITION | | CARCASE QUALITY GRADE % | |
|------------|---|------------------|---|-----------------|---|-------------------------|---|
| Very large | % | Excellent | % | Fwd/prime | % | HQ1 | % |
| Large | % | Very good | % | Fwd/store | % | GAQ | % |
| Medium | % | Good | % | Store | % | FAQ | % |
| Small | % | Fair | % | Back/store | % | 3MX | % |
| | | Plain | % | Poor | % | CNR | % |

Comment on fat score 1 cattle*

TEMPERAMENT* (see temperament definitions on the next page)

In the Yards (required for Individual assessment)

| | | |
|-----------------|--|------|
| Docile | | head |
| Quiet | | head |
| Slightly Stirry | | head |
| Stirry | | head |

Total Head entered

/

In the Crush (required for Individual assessment)

| | | |
|-----------------|--|------|
| Docile | | head |
| Quiet | | head |
| Slightly Stirry | | head |
| Stirry | | head |
| Aggressive | | head |

/

In the Paddock (required for Group assessment)

| | | |
|-----------------|--|------|
| Docile | | head |
| Quiet | | head |
| Slightly Stirry | | head |
| Stirry | | head |

/

Stock have been handled with (tick):

Aerial (helicopters, gyro's and planes) Bikes Dogs Horses Low stress stock handling practices

Temperament Comments

ASSESSOR COMMENTS

What best describes this lot?:*

Assessor comments:*

Assessor Signature*

Date*

*Required fields.

REVIEW ASSESSMENT

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

Reserve: Start:

Bid Increment \$/ Head: \$5 \$10 \$50 \$100

PROMOTE YOUR LISTING

AuctionsPlus

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

 \$30/day (ex GST)

Breeding Quality

Breeding quality relates to the quality of the breeding programme and suitability for their end use. Descriptions of Breeding Quality should not be affected by condition.

Excellent

Top sires used and top standards of selection and management, i.e. the small percentage of really first class stock. A line with a large culling taken out.

Very Good

Good quality sires used with heavy culling and selection programme – stock with a reputation for growing out/fattening/producing well.
A line with a reasonable culling taken out.

Good

Quality sires used, reasonable selection practices i.e. average stock.
A line that has had some culls removed.

Fair

Average quality sires used, but otherwise little selection practiced.
A line that needs a heavy cull taken out.

Plain

Very poor breeding quality, egg inbreeding, structural or conformation faults expected to limit future growth and/or fattening/production ability. Could apply to culls or at best seconds or thirds from a line of stock.

Frame

Frame specifies the likely mature size, fattening pattern, etc. Frame is relative to the BREED and AGE of the cattle. Frame is described as Very Large, Large, Medium or Small and is entered as a percentage.

Very Large Frame

Very tall and long bodied. Tendency to very late maturity and difficult to “finish” on some feed types.

Large Frame

Medium Frame

Small Frame

Short legs and body, early maturing and tendency to over fatness unless killed at light weights.

Temperament

Docile

Settled and somewhat dull disposition.
Gentle and easily handled, moves slowly when in a mob, needs encouragement to move away from handler.
Cattle easily handled individually in yards and paddock, without eagerness to return to mob.
Does not pull on headgate when in crush and exits calmly.

Quiet

Displaying a quiet & calm disposition.
Cattle easily handled individually and in mob. Handler in control at all times.
May exhibit some stubbornness. Exits crush promptly, may try to back out of crush, pull on head gate and some flicking of tail.

Slightly Stirry

Manageable but impatient and moves quickly.
Handling individually increases nervous behaviour, and exhibits clear signs of eagerness to return to mob. Handler in control when handled in a mob.
Reluctant to stand quietly in crush, tail flicking, repeated pushing and pulling on headgate. Exits crush briskly.

Stirry

Out of control and jumpy.
Struggles and clearly uncomfortable when handled in a mob.
Runs fenceline and may jump when penned individually.
Continuous tail flicking and bellowing in crush. Large flight distance, exits crush wildly.
Considered scared of human interaction rather than aggressive.
Not recommended for inexperienced handlers.

Aggressive

Aggressive behaviour, fearful, extreme agitation.
Continuous movement when handled in a mob, disrupts handling of other cattle in mob.
May exhibit attack behaviour when handled alone.
May jump or continuously bellow while in crush. Exits crush frantically.

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 calf | | | | | |
| 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/ Manually Pregnancy Tested (circle appropriate) 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 calf 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 calf****

NATIONAL CATTLE HEALTH DECLARATION

V: 16/04/20

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.

No. of cattle in consignment

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Biosecurity and health information

1. Has the owner owned all the cattle in this consignment since birth? Y N

2. Does the property of origin have a completed on-farm biosecurity plan? Y N

3. Have these cattle been tested for the presence of bovine viral diarrhoea virus (BVDV, pestivirus)?
If tested, were any cattle found to be persistently infected? Y N

4. Have these cattle been tested for the presence of BVDV (pestivirus) antibody?
Test results

5. Has the source herd had a test for Johne's disease (JD)? Y N
If so, which test? Check Test Sample Test HEC Test (dairy only)
Was the result negative? Y N Pending Date / /

6. Has the property of origin had an occurrence of clinical JD in any species in the past five years? Y N Unsure
JDDS of J-BAS of

7. BEEF CATTLE: On the property of origin, have cattle been co-grazed with dairy cattle? Y N Unsure
See explanatory note for advice on co-grazing with non-bovine species

8. Any other relevant health information

Treatments

| Treatment for | Product name and type (e.g., pour-on, drench) | Date of treatment within last 6 months |
|------------------|---|--|
| Parasites | | / / |
| Ticks | | / / |
| Pain relief | | / / |
| Other treatments | | / / |

Current vaccinations for the cattle being moved (see explanatory note)

| | | |
|-------------------------------|-------------------------------------|-------------------------------------|
| Clostridial (e.g. 5 in 1): | Y <input type="checkbox"/> Date / / | N <input type="checkbox"/> Date / / |
| Leptospira (e.g. 7 in 1): | Y <input type="checkbox"/> Date / / | N <input type="checkbox"/> Date / / |
| Pestivirus: | Y <input type="checkbox"/> Date / / | N <input type="checkbox"/> Date / / |
| JD (Stirrum): | Y <input type="checkbox"/> Date / / | N <input type="checkbox"/> Date / / |
| Botulism: | Y <input type="checkbox"/> Date / / | N <input type="checkbox"/> Date / / |
| Bovine ephemeral fever: | Y <input type="checkbox"/> Date / / | N <input type="checkbox"/> Date / / |
| Tick fever: | Y <input type="checkbox"/> Date / / | N <input type="checkbox"/> Date / / |
| Vibrio: | Y <input type="checkbox"/> Date / / | N <input type="checkbox"/> Date / / |
| Other vaccinations (specify): | | Date / / |

Declaration (see explanatory notes for further information)

I,
(Full name)
.....
(Address)
.....
(Town/suburb)
.....
(State)
.....
(Postcode)

declare that I am the owner or the person responsible for the husbandry of the cattle and that all the information in 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 I have inspected the animals and deem them to be healthy, free of signs of disease and fit to travel.

Signature*

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

Date / /

Tel. No. () Email