

INDIVIDUAL SHEEP ASSESSMENT FORM

P (02) 9262 4222
F (02) 9262 3244
E info@auctionsplus.com.au
www.auctionsplus.com.au



Assessment Form No. _____

*Required fields.

ASSESSMENT & VENDOR DETAILS

Auction Name:* National Lamb National Sheep
 Thursday National Sheep Tas Sheep

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) _____

Vendor AuctionsPlus ID:* _____

Vendor Name:* _____

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:* _____

Nearest Delivery Town:* _____

Show delivery coordinates in catalogue? (tick if yes)

Trucking Access:* _____

Delivery Comments: _____

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

DELIVERY AGENT DETAILS

Contact Person:* _____

Delivery Agent ID:* _____

Mobile* _____ Work _____

After hours _____ Fax _____

Email:* _____

Assessor 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:*

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:

Any access to rams/stags outside this joining period:*

Yes No

If Yes, details:*

Ram breed(s)

Joined to registered Rams: Yes No If yes, Ram ID*:

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

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:*

Wool Comments:*

LAMBS AT FOOT (ewes and lambs only)

Number lambs at foot*

Lambs at foot sired by*

Joined to registered Rams: Yes No

If yes, Ram ID*:

Age of lambs* Months Weeks

Low* High*

Sex composition

*Required fields.

WEIGHTS (INDIVIDUAL ASSESSMENT)

Number handled:* _____ Hours off feed:*

Dressing Percentage:* _____ %

Weight gain _____ Grams / day

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

Delivery adjustment %:*

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

AuctionsPlus recommends minimum 20% Sheep Sampled/Weighed on all assessments to maximise accuracy and buyer confidence.
Minimum 10% sample is required for your lot to be catalogued.

INDIVIDUAL WEIGHT AND FAT

| WEIGHT (kg) <small>(circle appropriate)</small> | SCORE 1 (0-5mm) | | SCORE 2 (6-10mm) | | SCORE 3 (11-15mm) | | SCORE 4 (16-20mm) | | SCORE 5 (21mm+) | | NUMBER WEIGHED | TOTAL WEIGHT (kg) |
|--|-----------------|-------|------------------|-------|-------------------|-------|-------------------|-------|-----------------|-------|----------------|-------------------|
| | Number | Total | Number | Total | Number | Total | Number | Total | Number | Total | | |
| 15 | 50 | | | | | | | | | | | |
| 16 | 51 | | | | | | | | | | | |
| 17 | 52 | | | | | | | | | | | |
| 18 | 53 | | | | | | | | | | | |
| 19 | 54 | | | | | | | | | | | |
| 20 | 55 | | | | | | | | | | | |
| 21 | 56 | | | | | | | | | | | |
| 22 | 57 | | | | | | | | | | | |
| 23 | 58 | | | | | | | | | | | |
| 24 | 59 | | | | | | | | | | | |
| 25 | 60 | | | | | | | | | | | |
| 26 | 61 | | | | | | | | | | | |
| 27 | 62 | | | | | | | | | | | |
| 28 | 63 | | | | | | | | | | | |
| 29 | 64 | | | | | | | | | | | |
| 30 | 65 | | | | | | | | | | | |
| 31 | 66 | | | | | | | | | | | |
| 32 | 67 | | | | | | | | | | | |
| 33 | 68 | | | | | | | | | | | |
| 34 | 69 | | | | | | | | | | | |
| 35 | 70 | | | | | | | | | | | |
| 36 | 71 | | | | | | | | | | | |
| 37 | 72 | | | | | | | | | | | |
| 38 | 73 | | | | | | | | | | | |
| 39 | 74 | | | | | | | | | | | |
| 40 | 75 | | | | | | | | | | | |
| 41 | 76 | | | | | | | | | | | |
| 42 | 77 | | | | | | | | | | | |
| 43 | 78 | | | | | | | | | | | |
| 44 | 79 | | | | | | | | | | | |
| 45 | 80 | | | | | | | | | | | |
| 46 | 81 | | | | | | | | | | | |
| 47 | 82 | | | | | | | | | | | |
| 48 | 83 | | | | | | | | | | | |
| 49 | 84 | | | | | | | | | | | |

Weights Summary: _____ Low (kg) _____ High (kg) Average (kg)

LAMBS AT FOOT WEIGHTS (ewes and lambs only)

Number handled _____ Low wt (kg) _____ Lambs were bulk weighed Yes No

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

*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: \$0.50 \$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)

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 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

- Has the owner owned all the cattle in this consignment since birth? Y N
- Does the property of origin have a completed on-farm biosecurity plan? Y N
- Have these cattle been tested for the presence of bovine viral diarrhoea virus (BVDV, pestivirus)? Y N
If tested, were any cattle found to be persistently infected? Y N
- Have these cattle been tested for the presence of BVDV (pestivirus) antibody? Y N
Test results
- 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 / /
- Has the property of origin had an occurrence of clinical JD in any species in the past five years? Y N Unsure
JD DS of J-BAS of
- 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
- 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 .. / .. |
| Leptospirosis (e.g. 7 in 1): | Y <input type="checkbox"/> Date .. / .. |
| Pestivirus: | Y <input type="checkbox"/> Date .. / .. |
| JD (Siltum): | Y <input type="checkbox"/> Date .. / .. |
| Botulism: | Y <input type="checkbox"/> Date .. / .. |
| Bovine ephemeral fever: | Y <input type="checkbox"/> Date .. / .. |
| Tick fever: | Y <input type="checkbox"/> Date .. / .. |
| Vibrio: | Y <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