

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 _____

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, scanned by Vet Non-vet contractor Vendor/Station

Certificate/ statement available? Yes No

Note: As of Jan 1st it will be mandatory to provide a certificate or statement

Scanned by (name) _____

Pregnancy scan date _____

% of mob in lamb _____

% of mob not detectable pregnant (or not scanned) _____

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

Term in Months (at time of assessment): _____

From _____ To _____ % rams _____

Additional joining details _____

*Required fields.

HEALTH / VET TREATMENTS

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 has no history 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:

Within WHP or ESI? * Yes No

If **Yes**, product

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

Russian eligible Saudi eligible Slaughter only

Biosecurity plan? * Yes No

If **Yes**, plan type* Regional Property

Approved OJD vaccinates? * Yes No

Other OJD management

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

Completing this National Sheep Health Declaration (NSHD) will assist prospective buyers to make an informed decision about the health status and management history of these sheep. The NSHD is mandatory for all sheep movements in SA and for sheep being moved into NSW and Tasmania. It is voluntary in other states (Version 5, May 2017).

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 were born on the consignment property. Yes No
- 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 type="checkbox"/>
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- All consigned sheep are from a property with a livestock biosecurity plan ⁽¹⁾.
 If Yes, Property Plan Regional Biosecurity Plan (name)
 If Yes, please provide further information. Yes No

SECTION B – FOOTROT/LICE/OVINE BRUCELLOSIS

- All consigned sheep are from a **flock that is free of VIRULENT FOOTROT** ⁽³⁾. Yes No
 - All consigned sheep are from a **flock that is free of LICE**. Yes No
 - All consigned sheep are from a flock in an OVINE BRUCELLOSIS accreditation scheme. Yes No
- If Yes, Flock Accreditation No. (except Qld) Expiry Date / / 20.....

SECTION C – JOHNES DISEASE (JD)

- (a) All consigned sheep are Approved Vaccinates ⁽⁴⁾. Yes No
 (b) If Yes, I have been continuously vaccinating all retained lambs in the consignment flock against JD for years.
- All consigned sheep are from a SheppMAP flock ⁽⁵⁾. Yes No
 If Yes, Status Year commenced in SheppMAP.....
- All consigned lambs are NILS 'T' tag (terminal) lambs ⁽⁶⁾. Yes No

- JD is suspected or known to occur in the flock of the consigned sheep ⁽⁷⁾. Yes No
- All consigned sheep are from a flock with a negative test for JD ⁽⁸⁾. If Yes, which test? Yes No
- Faecal 350 within the past 24 months Abattoir 500 within the past 24 months Abattoir 150 within the past 12 months Other ⁽⁹⁾
- Sheep **INTRODUCED** onto the consignment property in the last 5 years were from a flock with ^(4, 5 and 8). (multiple answers may be applicable)

SheppMAP accreditation	<input 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 ⁽¹⁰⁾ <input type="checkbox"/>		

SECTION D. TREATMENT INFORMATION OF CONSIGNED SHEEP

Treatments	Product	Date of last treatment
External Parasite Treatment		
Internal Parasite Treatment		
Vaccination (other than JD)		

E. DECLARATION ⁽¹⁴⁾

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 on this Sheep Health Declaration is true and correct:

Signed: Date: / / 20.....

Phone number: Fax/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 legislation.