SHEEP ASSESSMENT FORM

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www.auctionsplus.com.au Assessment Form No. *Required fields. **ASSESSMENT & VENDOR DETAILS DELIVERY DETAILS** Auction date* Earliest delivery date* Assessment date* Latest delivery date* Form of assessment* Individual Forward contract? (tick if yes) Group Delivery points* No. head in lot* Stock code* Nearest Delivery Farm* Sex Show delivery coordinates in catalogue? (tick if yes) Sex composition Bid Types* Delivery comments \$/Head c/kg Live c/kg Dressed **AGENT DETAILS** Assessor AuctionsPlus ID* Weighing instructions (If offered c/kg Live) Is this a Parallel Assessment? Yes No If Yes, Parallel Assessor No. Parallel Assessor Name **DELIVERY AGENT DETAILS** Agent AuctionsPlus ID* Contact Person* Is this a joint agency offering? Yes No If Yes, joint agent Mobile* Work Joint agent contact name* After hours Fax Joint agent contact details* Email* **VENDOR DETAILS AGENCY TERMS OF TRADE** PIC(s)* (where stock are located) Vendor AuctionsPlus ID* Vendor name* Vendor email: Vendor phone: SPECIAL CONDITIONS OF SALE Address* (where stock are located) Town* Postcode* Accreditations / Certifications If Yes, Cert. No. MSA LPA Organic If Yes, Cert. No. Other accreditations

*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	
Yes No	Johning Period
If Yes, details*	
Ram breed(s)	

Lot has been pregnancy scanned?	Yes No	
If Yes, tested by*	n-vet contractor	Vendor/Station
Certificate/ statement available?	Yes N	No
**Note: As of Jan 1st it will be mandatory	y to provide a certific	ate or state-
ment**		
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 assessme	nt)*:	
From	То	% rams
Additional joining details		

***Auctions**Plus**

*Required fields.

HEALTH / VET TREATMENTS						
All consists of characters and characters are fine and	SHEARING DETAILS					
All consigned sheep are from a flock that is free of virulent Footrot?* Yes No	Mulesed?* Yes No If Yes, Type (%):					
If No, details:	Light Moderate					
	Radical Unmulesed					
All consigned sheep are from a flock that has no history of benign footrot						
or Scald?* Yes No	If Yes, was pain relief used? Yes No					
If No, details:	If Yes, details:					
	. respectation					
Feet were inspected? Yes No						
If Yes, Number of Head:	Chadding bused?* Ves Ne					
	Shedding breed?* Yes No					
Details:	If No, any known contact with shedding breeds in their lifetime *					
	Yes No					
All Consigned Sheep are from a flock that is free of lice?* Yes	Date shorn*					
No	Wool cut Year	kgs				
If No, details:	Micron test Year	micron				
	Yield Year	%				
Within WHP or ESI?* Yes No						
If Yes, product	Vendor Comments					
TireatmentType Date Product						
1						
2						
3						
4	VENDOR DECLARATION*					
<u>5</u> <u>6</u>	I (full name):					
7	Address:					
8	declare that; I am the owner and/ or person responsible for the					
Russian eligible Saudi eligible Slaughter only	husbandry of the sheep in this consignment and all the informatio provided to the assessor on this sheep assessment is true and correct.					
Biosecurity plan?* Yes No	I also agree to comply with the AuctionsPlus Pty Limited User					
If Yes, plan type* Regional Property	Agreement & Sale Terms which include giving sole agency to agent until 3 days post-sale.					
Approved OJD vaccinates?* Yes No	*Signed: *Date:					
Other OJD management	Phone number:					
	Email:					
MOVEMENT RESTRICTIONS Yes No	* Producers are advised to retain appropriate records to support this declar					
If Yes, details:	ration. Persons making false statements may be liable under fair trading a	nd				

Assesment	Form	No
VOSCOLLICIT	1 01111	INO

*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	WOOL/SKIN DETAILS Crutched?*					
8T Worn Broken Detail any lambs with incisors that have erupted but are not in Wear*:	Types* Degree of seed* None observed Very light Light Medium Heavy					
Detail any worn or broken mouths*	Types* Skin comments.*					
Number lambs at foot* Lambs at foot sired by*	Age of lambs*					

*Required fields.



WEIGHTS (INDIVIDUAL ASSESSMENT)

lumber handled* Hours off feed*	Weight gain	grams / da
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Dressing %*

Delivery adjustment %*

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

WFIGI	HT (ka)	SCORE 1 (0	SCORE 1 (0-5mm) SCORE 2 (6-10mm) SCORE 3 (11-15mm)		SCORE 4 (16	-20mm)	SCORE 5 (2	lmm+)	NUMBER	TOTAL			
	HT (kg) propriate)	Number	Total	Number	Total	Number	Total	Number	Total	Number	Total	NUMBER WEIGHED	TOTAL WEIGHT (kg)
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)

High wt (kg) Average wt (kg)

Assesment Form No.							uctions Plus *
*Required fields.							
COMMENTS FRAME		BREEDING QUALITY		WRINKLE SCORE		CARCASE QUALIT	Y GRADE %
A (71cm+)	%	Excellent	%	1 (Plain)	%	ETQ	Ç
B (66-70cm)	%	Very good	%	2 (Light)	%	GAQ	Ç
C (61-65cm)	%	Good	%	3 (Medium)	%	FAQ	Ç
D (56-60cm)	%	Fair	%	4 (Heavy)	%	PLQ	Ç
E (-55cm)	%	Plain	%				
Comment on fat score 1	Sheep *						
ASSESSOR COMMENTS							
	1-+2*						
What best describes this	lot?"						
V							
Assessor comments*							
Assessor comments*							
Assessor comments*							
Assessor comments*							
Assessor comments*							
Assessor comments*							
Assessor comments*							
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Assessor comments*							
Assessor comments*							
Assessor comments*							
					C	Date*	
					C	Date*	
Assessor comments* Assessor Signature* REVIEW ASSESSM						Date*	
Assessor Signature*	1ENT	g live c/kg dr	essed	Reserve:	Start:	Date*	
Assessor Signature* REVIEW ASSESSM	1ENT		essed			Date*	

 $\frac{\text{AuctionsPlus}}{\text{Promote your listing and your brand to a wider audience on direct Agri-Marketing platforms.}}$

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

\$30/day (ex GST)

Standard \$10 (ex GST)

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Assessment Form

Scanning/ Pregnancy Statement

Prope	erty Name:	**Please uploaded this o	locument if yo	u do not hav	e the original scan	ning/ pregnancy cert	ificate**
Prope	erty Address:						
PIC N	o:			А	ssessment No	:	
Asses	ssor Name:		ŀ	Agency:			
Ph:							
Teste	d by: 🗌 Vet	Non-vet con	tractor	Ver	idor/Station	Assesso	r/Agent
lf Vet,	, NCPD ID						
Name	e:						
Comp	oany:						
Addre	ess:						
Date	Scanned:						
Flecti	ronic file with pr	egnancy status ar	ıd FID avail	lable □ Y	′es □No		
Licci	Results_	egriariey status ar	ia Lib avaii		<u> </u>		
	Mob						Total No. Tested
	Preg Tested in lamb						
	Preg Tested non-dectect- able						
						of the livestock	described above and
beli	eve this informa	ation is accurate	o the best	of my kr	owledge.		
			(S	Signature)		(Date)
*1			c	scanned	-he above live	stock and halia	ve this information is
acc	urate to the bes	t of my knowledg	е				
			(S	Signature)		(Date)
*				am the a	ssessor of the	livestock descr	ibed above and be-
liev	e this informati	on is accurate to	he best of	my knov	vledge.		
			(S	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

	2. All consigned sheep are from a SheepMAP flock ⁽⁵⁾ . Yes No	1. (a) All consigned sheep are Approved Vaccinates ⁽⁴⁾ . (b) If Yes, I have been continuously vaccinating all retained lambs in the consignment flock against JD for years.	ept Qld) Expiry Date / / 20	3. All consigned sheep are from a flock in an OVINE BRUCELLOSIS Yes No Screenitestion scheme	FOOTROT ⁽³⁾ . Yes No 2. All consigned sheep are from a flock that is free of LICE. Yes No 2. No 3.	Ö		If yes, please provide further information.	17 Yes, Property Plan Regional Biosecurity Plan	p are from a property with a livestock biosecurity plan (1)	consignment property in the last 5 years is: 0 (closed flock) 1-5 6+ Rams Only	 All consigned sheep were born on the consignment property. The number of different sources of sheep that have been INTRODUCED onto the 		Attached to accompanying NVD/Waybill No.	stock is being moved from	Property Identification Code (PIC) of this property This MUST be the PIC of the property that the	or sheep being moved into NSW and Tasmania
Producers are advised to retain appropriate records to support this declaration. Persons making false	Declaration is true and correct: Signed:	Addressdeclare 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	E. DECLARATION (11) I (full name):		Internal Parasite Treatment Vaccination (other than JD)	site	Treatments Product Date of last treatment	SECTION D. TREATMENT INFORMATION OF CONSIGNED SHEEP	ner ⁽¹⁰⁾	All Approved Vaccinates Unknown status		6. 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)	Abattoir 150 within the past 12 months Other (9)	Faecal 350 within the past 24 months Abattoir 500 within the past 24 months	5. All consigned sheep are from a flock with a negative test yes No for JD ⁽⁸⁾ . If Yes, which test?		id. It is voluntary in other states (Version 5, May 2017).