

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**, vendor has owned stock for:* less than 2 months

2-6 months 6-12 months more than 12 months

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.

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				

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											
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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											
		Total		Total		Total		Total		Total		

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)

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)

Assessment Form
 No. _____

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

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Attached to accompanying PRO/MSD/MSD/MSL No.

SECTION A – Biosecurity Information

1. All consigned sheep are from a Livestock Production Assurance (LPA) Yes No Notified property?*

2. 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

1. All consigned sheep are from a flock that is free of virulent footrot?*

Yes No

2. All consigned sheep are from a flock that is free of benign footrot or scald?*

Yes No

Producers provide further information below

3. All consigned sheep are from a flock that is free of lice?*

Yes No

4. All consigned sheep are from a flock in an ovine brucellosis accreditation scheme?*

Yes No

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

5. All consigned sheep are Johne's disease (JD) Approved Vaccinates?*

Yes No

If Yes, I have been continuously vaccinating all retained lambs in the consignment flock against JD for _____ years. (Number sheep only)

6. All consigned sheep are from a SheepMAP flock?*

Yes No

If Yes, Status _____ Year commenced _____ Certificate Number _____

*See explanatory notes on back page for further information

9. All consigned sheep are from a flock with a negative test for JD?*

Yes No

If Yes, which test? _____ Date of test ____/____/____

10. 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) _____ (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. Records relating to these statements may be liable under fair trading and other relevant state legislation.