

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* _____

You must enter at least one contact number below.

Mobile _____ Work _____

After hours _____ Fax _____

Email _____

Special conditions of sale _____

*Required fields.

VENDOR SUPPLIED DETAILS

GRAZING / FEEDING DETAILS

Grazing Conditions* _____

Return same?* Yes No

If **No**, return to _____

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: _____

If **No**, Date ram(s) in _____ Date ram(s) out _____

Any access to rams/stags outside this joining period Yes No

If **Yes**, details _____

AI'd AI date _____

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: From _____ to _____ % rams _____

Additional joining details _____

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 _____

Dipped Date _____ with _____

Drenched Date _____ with _____

Vacc'd Date _____ with _____

Deliced Date _____ with _____

Other Date _____ with _____

Russian eligible Saudi eligible Slaughter only

Is a National Sheep Health Declaration available? Yes No

Note: As of January 1st, 2018, it is mandatory to include a sheep health declaration with your assessment.

Biosecurity plan?* Yes No

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

Approved OJD vaccinates?* Yes No

Other OJD management _____

Movement restrictions _____

*Required fields.

SHEARING DETAILS

Mulesed?* Yes No

If Yes, Type (%): _____

Light Moderate Radical Unmulesed If Yes, was pain relief used? Yes NoIf Yes, details: _____

_____Shedding breed?* Yes NoIf No, any known contact with shedding breeds in their lifetime* Yes No

Date shorn* _____

Wool cut Year kgsMicron test Year micronYield Year %

 Vendor Comments _____

 Brief Description of Lot _____

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

0T 2T 4T
6T 8T

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*

Age of lambs* Months Weeks

Low High

Sex composition

*Required fields.

WEIGHTS (GROUP ASSESSMENT)

Were animals handled? Yes No

Hours off feed* _____

Dressing %* _____

Weight gain _____ grams / day

Weights (Select one) Live Dressed

Delivery adjustment %* _____

Weight range (kg) (low) _____ (high) _____

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

Fat score (low) _____ (high) _____

WEIGHT & FAT

NOTE Dressed: Use Ausmeat weight ranges - 2kg increment (i.e. 18.1-20kg). Live: Double Ausmeat weight ranges - 4kg increment (i.e. 36.1-40kg).

Enter number of head for each range specified

WEIGHT RANGE (kg)	FAT SCORE					TOTALS
	1 (0-5mm)	2 (6-10mm)	3 (11-15mm)	4 (16-20mm)	5 (21mm+)	
-						
-						
-						
-						
-						
-						
-						
-						
-						
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-						
-						
-						
-						
-						
-						
-						
-						
-						
-						

LAMBS AT FOOT WEIGHTS (ewes and lambs only)

Number handled _____ Low wt (kg) _____

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

FORM OF RESERVE (select one)

\$/head c/kg live c/kg dressed

Reserve _____ Start _____

BID INCREMENT \$/HEAD

\$0.50 \$1 \$5 \$10 \$25 \$50

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*Required fields.

COMMENTS

FRAME	BREEDING QUALITY	WRINKLE SCORE	CARCASE QUALITY GRADE %
A (71cm+)	% <u>Excellent</u> %	1 (Plain)	% <u>ETQ</u> %
B (66-70cm)	% <u>Very good</u> %	2 (Light)	% <u>GAQ</u> %
C (61-65cm)	% <u>Good</u> %	3 (Medium)	% <u>FAQ</u> %
D (56-60cm)	% <u>Fair</u> %	4 (Heavy)	% <u>PLQ</u> %
E (-55cm)	% <u>Plain</u> %		

ASSESSOR COMMENTS

What best describes this lot?*

Assessor comments*

Assessor Signature*

Date*

[PROMOTE YOUR LISTING](#)
 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.

[Standard \\$10 \(ex GST\)](#)

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Assessment Form No. _____

Scanning/ Pregnancy Statement

****Please ensure this document is uploaded with your assessment****

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/Maybill 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) 1-5 6+ Rams Only
- All consigned sheep are from a property with a livestock biosecurity plan ⁽¹⁾.
If Yes, Property Plan Regional Biosecurity Plan (name)
- Have the consigned sheep had access to weeds that are declared noxious in your region?⁽²⁾ Yes No
If yes, please provide further information.
.....

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.
2. All consigned sheep are from a SheepMAP flock ⁽⁵⁾. Yes No
If Yes, Status : Year commenced in SheepMAP :
3. All consigned lambs are NUIS ‘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)
SheepMAP accreditation Negative Faecal 350
Negative Abattoir 500 Negative Abattoir 150
All Approved Vaccinates Unknown status
Other ⁽¹⁰⁾

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 ⁽¹¹⁾

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.