NATIONAL CATTLE HEALTH DECLARATION

24/10/2016

Owner of cattle .....
(Full trading name)

Property/place where the journey commenced .....
(Address)

....
(Address continued) (Town/suburb) (State) (Postcode)

Property Identification Code (PIC) of this property
This MUST be the PIC of the property that the stock is being moved from

Details of other statutory documents relating to this movement e.g. NVD

..../...../.....
(Document type) (Document number) (Office of issue) (Expiry date)

Note: If NVD accompanying this declaration then you may go straight to question 1

Description of cattle

Number	**Description** (Breed, sex e.g. Hereford Cross Steers)	**Brands or Earmarks**
	Total	

Consigned to .....
(Name of person or business)

....
(Address) (Town/suburb) (State) (Postcode)

Destination (if different) **of cattle** .....
(Location address)

1. Has the owner stated above owned these cattle since birth?

Yes ☐ No ☐

2. On the property stated above, has an on-farm biosecurity plan been implemented?

Yes ☐ No ☐

If yes, which plan (e.g. Farm Biosecurity, LPA, Grazing BMP) .....

3a. Have these cattle been tested for the presence of pestivirus antigen? Yes ☐ No ☐

If tested, were any cattle found to be persistently infected? Yes ☐ No ☐

3b. Have these cattle been tested for the presence of pestivirus antibody? Yes ☐ No ☐

If tested what percentage of the tested cattle were antibody positive? .....

4. Enzootic Bovine Leucosis (EBL) test result for animals being moved: .....

Date of test ...../...../.....

5. Are the cattle from an EBL accredited or certified free herd: Yes ☐ No ☐

6. Are these cattle from a herd or property with an occurrence of Johne's disease (JD) in any susceptible species within the last five years?

Yes ☐ No ☐ Don't know ☐ J-BAS of ..... (optional)

7. On the property stated above, have cattle been co-grazed with dairy cattle and/or sheep?

Yes ☐ No ☐ Don't know ☐

8. Source herd has a negative JD test result: Check Test ☐ Sample Test ☐

Date of test ...../...../.....

9. If dairy cattle, the consignment has a Dairy Assurance Score of:

Part A (herd base score) ..... Part B (calf credits) ..... Part C (total Dairy Score) .....

10. Treatments

Treatments	**Product**	**Date of treatment within last 6 months**
Drench		
Liver fluke treatment		
Other treatments (type)		

11. Current vaccinations for the cattle being moved (see explanatory note)

Clostridial vaccination (e.g. 5 in 1): Yes ☐ Clostridial vaccination (Botulism) : Yes ☐
Pestivirus vaccination: Yes ☐ Bovine ephemeral fever vaccination: Yes ☐
Leptospira vaccination: Yes ☐ Vibrio vaccination: Yes ☐
JD (Silirum) vaccination: Yes ☐

Other vaccinations (specify): .....

12. Any other relevant health information .....

DECLARATION (see explanatory notes for further information)

I ....
(Full name) (Full address)

....
(Address continued) (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 disease and fit to travel.

Signature* ..... **Date** ...../...../20.....
*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.

Tel. no. (.....)..... **Email** .....