Cattle Herd Health Status Declaration, GST status & current Evidence of 'PESTI VIRUS' results must be available upon request.

CASINO SHOW SOCIETY INC.
133rd Anniversary Show
9th & 10th October 2026
CERTIFICATE OF ENTRY

Cattle Herd Health Status Declaration, GST status & current Evidence of 'PESTI VIRUS' results must be available upon request.

This Certificate together with the entry fee must reach the **Secretary, Casino Show Society Inc., P.O. Box 192 Casino 2470**, **Electronic Transfers BSB 032536 Acc 208631** on or before the closing date as per the Schedule. Exhibitors are requested to answer all questions in this Certificate. The details supplied will be catalogued and the Society will not be responsible for any omissions.

Office use Only	Class No.	Name of Exhibit	Herd Book	Tattoo /Fire	Date of Birth	Name of Sire	Name of Dam	Entry Fee (incl. GST)

a. I hereby apply to enter the above exhibits in terms of and upon the conditions as set out in the Society's Regulation, which I have read and by which I agree to be bound, and I hereby certify to the correctness of the particulars as set out below.

b. This Certificate of Entry and the Regulations shall constitute the whole agreement upon which entries are submitted and I agree that all representations and statements not appearing therein or the regulations are hereby excluded.

c. I further agree to exhibit at the Casino Show at my own risk and advise that I will not make any claim against the Society or any of its committees for any injury or loss sustained or caused by my actions at the Show.

Breed of Cattle: ..... **No. of head:** .....

Current Certificate of Currency for $20 Million Public Liability to be attached, Entry not valid until received with payment and all required paper work

Expiry Date: ..... **Cattle Status:** __ JBAS6 __ JBAS7__ JBAS8

ABN: ..... **Registered for GST:** __ Yes __ No __ Hobby Farmer

Name of Exhibitor/Parent/Guardian:

.....

Address: .....

.....

Postcode: ..... **Phone:** .....

Signature: .....

Email: .....

Payment: **Membership fees:** .....

Entry fees: .....

TOTAL: .....

It is our policy to send a receipt by return mail to acknowledge receipt of your entry. It is the exhibitors' responsibility to check if your entry has been received and that the details are correct.

Exhibitors PIC #	Number of Head	Show PIC #	Exhibitor / Receiver PIC #
		NI 122397	

Beef Breeding Date as at 1st October

NATIONAL CATTLE HEALTH DECLARATION

V: 24/10/22

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.

No. of cattle in consignment

Biosecurity and health information

1. **Has the owner owned all the cattle in this consignment since birth?** Y ☐ N ☐

2. **Does the property of origin have a completed on-farm biosecurity plan?** Y ☐ N ☐

3. **Have these cattle been tested for the presence of bovine viral diarrhoea virus (BVDV, pestivirus)?** Y ☐ N ☐
   If tested, were any cattle found to be persistently infected? Y ☐ N ☐

4. **Have these cattle been tested for the presence of BVDV (pestivirus) antibody?** Y ☐ N ☐
   Test results

5. **Has the source herd had a test for Johne's disease (JD)?** Y ☐ N ☐
   If so, which test? Check Test ☐ Sample Test ☐ HEC Test (dairy only) ☐
   Was the result negative? Y ☐ N ☐ **Pending** ☐ **Date** / /

6. **Has the property of origin had an occurrence of clinical JD in any species in the past five years?** Y ☐ N ☐ Unsure ☐
   JDDS of J-BAS of

7. **BEEF CATTLE: On the property of origin, have cattle been co-grazed with dairy cattle?** Y ☐ N ☐ Unsure ☐
   See explanatory note for advice on co-grazing with non-bovine species

8. **Any other relevant health information**

Treatments

Treatment for	Product name and type (e.g., pour-on, drench)	Date of treatment within last 6 months
Parasites		/ /
Ticks		/ /
Pain relief		/ /
Other treatments		/ /

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

Clostridial (e.g. 5 in 1):	Y ☐	Date / /
Leptospira (e.g. 7 in 1):	Y ☐	Date / /
Pestivirus:	Y ☐	Date / /
JD (Silirum):	Y ☐	Date / /
Botulism:	Y ☐	Date / /
Bovine ephemeral fever:	Y ☐	Date / /
Tick fever:	Y ☐	Date / /
Vibrio:	Y ☐	Date / /
Infectious bovine rhinotracheitis:	Y ☐	Date / /
Mannheimia haemolytica:	Y ☐	Date / /
Other vaccinations (specify):		Date / /

Declaration (see explanatory notes for further information)

I
(Full name)

(Address) (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 signs of disease and fit to travel.

Signature* **Date** / /

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

Tel. No. ( ) **Email**