NATIONAL VENDOR DECLARATION (GOATS) AND WAYBILL

G0524

UUA	iis) Ai	ND WAIDILL		00324		withholding period when harvested, collected or first grazed?
						Yes 🗌 No 🗌 If Yes, give details:
Part A	To be co	mpleted by the owner or per	son who is resp	onsible for the husbandry of th	ne goats.	/ /20 / /20 / /20
Owner	of goats				(FULL TRADING NAME)	CHEMICAL PRODUCT DATE APPLIED GRAZING WHP DATE FRST FED/GRAZED DATE FEEDING/GRAZING CEASE
Propert	y/place w	here the journey commer	nced	(ADDRESS)	(FULL TRADING NAME)	
-				(ADDRESS) (TOWN/SUBURB)		Have the goats in this consignment ever in their lives been fed feed containing animal fats? (See Explanatory Notes)
(ADDRESS C		ation Code (PIC) of this p	aronorty -	(TOWN/SUBURB)	(STATE)	Yes No
•	-	the property that the stock is being n				
Descrip	tion of go	ats				5 Please include any additional information below
		Description (BREED, SEX & TYPE E.G. CROSS-BRED)	Month of shearing	PIC or Brand on Ear Tags (IF DIFFERENT TO PIC SHOWN ABOVE)	Earmarks (IF PRESENT OR REQUIRED)	eg: vaccination programs, animal health certification, additional declarations, etc.
					QD.	
					00	
					00	
	Total	Use the Attachment Forms f	for consignments tha	t require more lines to describe the sto	ock. (See Explanatory Notes)	
Concid	- 20d to					
Consig	160 to		(NAME OF PER	SON OR BUSINESS)		Declaration
(ADDRESS) (TOWN/SUBURB)						Decidiation
Destina	ition (if dif	ferent) of goats		(LOCATION ADDRESS)		FULL NAME FULL ADDRESS
Destina	tion PIC (REQ: WA & TAS)				ADDRESS CONT.
Details	of other s	tatutory documents relat	ing to this mo	vement e.g. health statem	ent	declare that, I am the owner or the person responsible for the husbandry of the goats
					/ /20	and that all the information in part A of this document is true and correct. I also declare that I hav read and understood all the questions that I have answered, that I have read and understood the
DOCUMENT 1	YPE		NUMBE	OFFICE OF ISSUE	EXPIRY DATE	explanatory notes, and that, while under my control, the goats were not fed restricted animal
1 Wei	e all goats	bred by the owner or vend	or?			material (including meat and bone meal) in breach of State or Territory legislation.
				ate obtained or nurchaged?		Signature*Date*//20
Yes (If n				ats obtained or purchased?		*Only the person whose name appears above may sign this declaration, or make amendments which must be initialled.
(If purchased at different times, tick the box corresponding to the time of the most recent purchase.) A. Less than 2 months B. 2–6 months C. 6–12 months D. more than 12 months C.						Tel no.
						Email.
				nin a Withholding Period (V		Part B To be completed by the person in charge of the goats while they are being moved.
			by APVMA or	SAFEMEAT, following treat	tment with	Completion of this part is optional in SA and VIC.
-		y drug or chemical?	deteiler (s			Movement commenced: / /20 : (am/pm)
Yes	s 🗀	No If Yes, give	details: (Record	additional details in question 6)		Vehicle registration number(s)*:
CHEM	ICAL PRODUCT			/ /20 TREATMENT DATE	WHP ESI (IF SET)	
				/ /20		I am the person in charge of the goats during the
CHEM	CAL PRODUCT			TREATMENT DATE	WHP ESI (IF SET)	movement and declare all the information in Part B is true and correct.
CHEMIC	AL PRODUCT			/ /20 TREATMENT DATE	WHP ESI (IF SET)	Signature Date / /20 Tel no.
					, ,	*When more than one truck is carrying the goats, other vehicle registration numbers are to be recorded.

3 In the past 60 days, have any of these goats consumed any material that was still within a