

# NATIONAL VENDOR DECLARATION (SHEEP AND LAMBS) AND WAYBILL

S0413

3888888888

## Part A To be completed by the owner or person who is responsible for the husbandry of the sheep or lambs.

Owner of sheep or lambs \_\_\_\_\_ (FULL TRADING NAME)

Property/place where the journey commenced \_\_\_\_\_ (ADDRESS)

(ADDRESS CONTINUED) \_\_\_\_\_ (TOWN/SUBURB) \_\_\_\_\_ (STATE)

Property Identification Code (PIC) of this property

This MUST be the PIC of the property that the stock is being moved from

**ABCD1234**

Description of sheep or lambs

Number	Year born (DROP)	Description (BREED, SEX & TYPE E.G. CROSS-BRED, WETHER, LAMB)	Month of shearing	PICs on Ear Tags/Brands (IF DIFFERENT TO PIC SHOWN ABOVE)	Earmarks (IF PRESENT OR REQUIRED)

**Total** \_\_\_\_\_ Use the Attachment Forms for consignments that require more lines to describe the stock. (See Explanatory Notes)

Have PICs on all NLIS tags in this consignment been listed in the Description table above (other than the PIC printed on this NVD)? Yes  No

OR  
Have all sheep in this consignment been tagged with an additional pink post breeder tag with the PIC printed on this NVD? (or WA brand as listed in the Description table above)? Yes  No

Hours off feed and water before transporting \_\_\_\_\_

Consigned to \_\_\_\_\_ (NAME OF PERSON OR BUSINESS)

(ADDRESS) \_\_\_\_\_ (TOWN/SUBURB) \_\_\_\_\_ (STATE)

Destination (if different) of sheep or lambs \_\_\_\_\_ (LOCATION ADDRESS)

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

DOCUMENT TYPE	NUMBER	OFFICE OF ISSUE	EXPIRY DATE

**1** Have these sheep or lambs been raised consistent with the rules of an independently audited QA program on the property the PIC of which is shown above?

Yes  No  If Yes, give details: \_\_\_\_\_ (NAME OF PROGRAM) \_\_\_\_\_ (ACCREDITATION OR LICENSE NO.)

**2** Have all the sheep or lambs in this consignment been treated with a Scabby Mouth Vaccination either at marking or at least 14 days prior to their presentation for sale?

Yes  No

**3** Were all of these sheep or lambs bred by the owner or vendor?

Yes  No  If NO, how long ago were the sheep or lambs obtained or purchased?  
A. Less than 2 months  B. 2-6 months  C. 6-12 months  D. more than 12 months

**4** Are any of the sheep or lambs in this consignment still within a Withholding Period (WHP) or Export Slaughter Interval (ESI) as set by APVMA or SAFEMEAT, following treatment with any veterinary drug or chemical?

Yes  No  If Yes, give details: (Record additional details in question 7)

\_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ (CHEMICAL PRODUCT) \_\_\_\_\_ (TREATMENT DATE) \_\_\_\_\_ (WHP) \_\_\_\_\_ (ESI (IF SET))

**5** In the past 60 days, have any of the sheep or lambs in this consignment consumed any material that was still within a withholding period when harvested, collected or first grazed?

Yes  No  If Yes, give details:

\_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ (CHEMICAL PRODUCT) \_\_\_\_\_ (DATE APPLIED) \_\_\_\_\_ (GRAZING WHP) \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ (DATE FIRST FED/GRAZED) \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ (DATE FEEDING/GRAZING CEASED)

**6** Have the sheep or lambs in this consignment ever in their lives been fed feed containing animal fats? (See Explanatory Notes)

Yes  No

**7** Please include any additional information below

eg: vaccination programs, animal health certification, additional declarations, etc.

## Declaration

I \_\_\_\_\_ FULL NAME \_\_\_\_\_ FULL ADDRESS \_\_\_\_\_

ADDRESS CONT.



declare that, I am the owner or the person responsible for the husbandry of the sheep or lambs and that all the information in part A of 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, while under my control, the sheep or lambs were not fed restricted animal material (including meat and bone meal) in breach of State or Territory legislation.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_ / \_\_\_\_\_ /20

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

Tel no. \_\_\_\_\_ Fax no. \_\_\_\_\_

## Part B To be completed by the person in charge of the sheep or lambs while they are being moved. Completion of this part is optional in SA and VIC.

Movement commenced: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ : \_\_\_\_\_ (am/pm)

Vehicle registration number(s)\*: \_\_\_\_\_

I \_\_\_\_\_ FULL NAME \_\_\_\_\_ am the person in charge of the sheep or lambs during the movement and declare all the information in Part B is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /20 Tel no. \_\_\_\_\_

\*When more than one truck is carrying the sheep or lambs, other vehicle registration numbers are to be recorded.

## Part C Agents declaration for sheep or lambs sold at auction. (Completion of Part C is optional.)

Agents completing Part C should retain the original or a scanned copy of the original declaration or a summary for a minimum of two (2) years, or three (3) years in WA and supply a copy or summary to any buyer on request.

Vendor code \_\_\_\_\_ Agent's code \_\_\_\_\_

Stock agent company \_\_\_\_\_

Buyer's name \_\_\_\_\_ Destination PIC \_\_\_\_\_

No. of sheep or lambs purchased \_\_\_\_\_ Saleyard arrival time (am/pm) \_\_\_\_\_ : \_\_\_\_\_

Agent's signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ (DAY MONTH YEAR)