



Victoria Government Gazette

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Stock (Seller Liability and Declarations) Act 1993

NOTICE SPECIFYING FORMS OF DECLARATION UNDER SECTION 18A

I, Richard Bolt, Secretary to the Department of Primary Industries, under section 18A of the **Stock (Seller Liability and Declarations) Act 1993**, (the Act) –

1. specify that a declaration made by, or on behalf of, a seller of stock that relates to the treatment, feed, husbandry, pasturing or health status of that stock that is in or is to the like effect of the forms appearing in the Schedule below is a declaration to which section 18A of the Act applies; and
2. require that a selling agent who receives a declaration to which section 18A of the Act applies retain the declaration for a minimum of two years from the date of the sale to which the declaration relates.

This notice takes effect from the date it appears in the Government Gazette.

Dated 14 May 2007

RICHARD BOLT
Secretary

SPECIAL

Schedule

NATIONAL VENDOR DECLARATION (CATTLE) AND WAYBILL

First edition, November, 2005

This form cannot be used where eligibility for the EU market is required.

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

Owner of cattle

Property/place where the journey commenced

Property Identification Code (PIC) of this property

Description of cattle

Table with columns: Number, Description (Breed, Sex, E.g. Hereford Cross Steers), and PIC on Transaction Tag.

Consigned to

Destination (if different) of cattle

NLS devices used on these cattle Number of ear tags

Are all NLS identified cattle 'Lifetime Traceable'?

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

1. Have any of the cattle in this consignment ever in their lives been treated with a hormonal growth promotant (HGP)?

2. Have these cattle been raised consistent with the rules of an independently audited QA program on the property the PIC of which is shown above?

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

4. In the past 60 days, have any of these cattle been fed by-product stockfeeds?

5. In the past 6 months, have any of these cattle been on a property listed on the ERP database or placed under grazing restrictions because of chemical residue?

6. Are any of the cattle in this consignment still within a Withholding Period (WHP) or Export Slaughter Interval (ESI) following treatment with any veterinary drug or chemical?

7. In the past 60 days, have any of these cattle consumed any stockfeed that was still within a WHP when harvested or first grazed?

8. In the past 42 days, were any of these cattle: a) grazed in an endosulfan spray risk area; or b) fed fodders cut from an endosulfan spray drift risk area?

9. Additional information: see requirements in Explanatory Notes for completing this document.

Declaration

I, FULL NAME, FULL ADDRESS, declare that, I am the owner or the person responsible for the husbandry of the cattle and that all the information in part A of this document is true and correct.

Signature* Date* 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 cattle while they are being moved.

Completion of this part is optional in SA, TAS and VIC.

Movement commenced: DAY / MONTH / YEAR (am/pm)

Vehicle registration number(s):

I, FULL NAME, am the person in charge of the cattle during the movement and declare all the information in Part B is true and correct.

Signature Date Tel no.

*When more than one truck is carrying the cattle, other vehicle registration numbers are to be recorded.

Part C Agents declaration for cattle sold at auction. (Completion of Part C is optional.)

Agents completing Part C should retain the original declaration 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 Destination PIC

Buyer's name Saleyard arrival time (am/pm)

No. of cattle purchased Date DAY / MONTH / YEAR

Agent's signature

NATIONAL VENDOR DECLARATION (GOATS) AND WAYBILL

First edition, November 2005

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

Owner of goats
 (FULL TRADING NAME) _____
 (FULL ADDRESS) _____

Property/place where the journey commenced _____

Property Identification Code (PIC) of this property _____

Description of goats

Number	Year born (DROP)	Description (BREED, SEX & TYPE E.G. CROSS BREED)	Month of shearing	Brand/Ear tag/ PIC (IF DIFFERENT FROM THAT SHOWN ABOVE)	Earmarks (IF PRESENT OR REQUIRED)

Hours off feed and water before transporting
Consigned to _____
(NAME OF PERSON OR BUSINESS AND FULL ADDRESS)

Destination (if different) of goats. _____
(FULL ADDRESS)

Details of other statutory documents relating to this movement e.g. permit, animal health certificate, animal health statement

DOCUMENT TYPE	NUMBER	OFFICE OF ISSUE	EXPIRY DATE

1 Were all of the goats born and raised on the vendor's property?
 Yes No

If No, how long ago were the goats obtained or purchased?
 (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

2 Have all the goats in this consignment been grown under rangeland conditions?
 (See Explanatory Notes)
 Yes No

3 Are any of the goats in this consignment still within a Withholding Period (WHP) following treatment with any veterinary drug or chemical?
 Yes No If Yes, give details: (Record additional details in question 6)
CHEMICAL PRODUCT _____ DATE OF TREATMENT _____ WHP _____ PGS (IF ANY) _____

4 In the past 60 days, have any of these goats consumed any stockfeed that was still within a WHP when harvested or first grazed?
 Yes No If Yes, give details:
CHEMICAL PRODUCT _____ DATE FIRST FEED/GRAZED _____ DATE FEEDING/GRAZING ENDED _____

5 Have any of the goats in this consignment ever in their lives been fed feed containing tallow or gelatin?
 Yes No

6 Please include any additional information below
 eg: vaccination programs, animal health certification, additional declarations, etc.

Declaration

FULL NAME _____ FULL ADDRESS _____

I declare that, I am the owner or the person responsible for the husbandry of the goats 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 goats were not fed restricted animal material (including meat and bone meal) in breach of State or Territory legislation.

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

Tel no. _____ **Fax no.** _____

Part B To be completed by the person in charge of the goats while they are being moved.
 Completion of this part is optional in SA, TAS and VIC.

Movement commenced: _____ / _____ / _____ (am/pm)
DAY MONTH YEAR

Vehicle registration number(s)*: _____ am the person in charge of the goats during the movement and declare all the information in Part B is true and correct.
FULL NAME _____ **Date** _____ **Tel no.** _____
FULL NAME _____ **Date** _____
*When more than one truck is carrying the goats, other vehicle registration numbers are to be recorded.

Part C Agents declaration for goats sold at auction. (Completion of Part C is optional.)
 Agents completing Part C should retain the original declaration 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 _____ **Destination PIC** _____

Buyer's name _____ **No. of goats purchased** _____ **Saleyard arrival time (am/pm)** _____

Agent's signature _____ **Date** _____ / _____ / _____
DAY MONTH YEAR

NATIONAL VENDOR DECLARATION (SHEEP AND LAMBS) AND WAYBILL

First edition, November 2005

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) _____ (FULL ADDRESS) _____

Property/place where the journey commenced _____ (FULL ADDRESS) _____

Property Identification Code (PIC) of this property _____

Description of sheep or lambs

Number	Year born (NONE)	Description (BREED, SEX & TYPE F.C. CROSSBRED, WITH/WH/ LAMB)	Month of shearing	Brand/Ear tag/ PIC (IF DIFFERENT FROM THAT SHOWN ABOVE)	Earmarks (IF PRESENT OR EQUIPMENT)

Hours off feed and water before transporting _____

Consigned to _____

Destination (if different) of sheep or lambs _____ (FULL ADDRESS) _____

Details of other statutory documents relating to this movement e.g. animal health certificate _____ (FULL ADDRESS) _____

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: _____

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 If Yes, give details: _____

3 Were all of the sheep or lambs born and raised on the vendor's property?
 Yes No
 If No, how long ago were the sheep obtained or purchased? _____
 (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

4 Are any of the sheep or lambs in this consignment still within a Withholding Period (WHP) or Export Slaughter Interval (ESI) following treatment with any veterinary drug or chemical?
 Yes No If Yes, give details: (Record additional details in question 7) _____

5 In the past 60 days, have any of these sheep or lambs consumed any stockfeed that was still within a WHP when harvested or first grazed?
 Yes No If Yes, give details: _____ (SHEEP IDENTIFICATION TAG NUMBER) _____ (SHEEP IDENTIFICATION TAG NUMBER) _____

6 Have any of the sheep or lambs in this consignment ever in their lives been fed feed containing tallow or gelatin?
 Yes No

7 Please include any additional information below
 eg. vaccination programs, animal health certification, additional declarations, etc. _____

Declaration

I, FULL NAME _____ FULL ADDRESS _____ L P A
 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* _____
*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.

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, TAS and VIC.

Movement commenced: DAY / MONTH / YEAR : : (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 _____ 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 declaration 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 _____ DAY / MONTH / YEAR

NATIONAL VENDOR DECLARATION (GOATS) AND WAYBILL

First edition, March 2006

SERIAL NUMBER _____

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

Owner of goats (FULL HOME/WALL)

Property/place where the journey commenced (FULL ADDRESS)

Property Identification Code (PIC) of this property _____

Description of goats		Brand/Ear tag/PIC (if different from above)	Month of bleeding	Earmarks (if present or required)
Number	Year born (only)	Description (BIRTH, SEX & TYPE F.A. OR B.S.B.P.F.)		

Hours off feed and water before transporting _____

Consigned to _____ (NAME OF PERSON OR BUSINESS AND FULL ADDRESS)

Destination of goats (FULL ADDRESS)

Details of other statutory documents relating to this movement e.g. permit, animal health certificate, animal health statement _____

DOCUMENT TYPE _____ NUMBER _____ OFFICE OF ISSUE _____ EXPIRY DATE _____

1 Were all of the goats born and raised on the vendor's property?
 Yes No
 If No, how long ago were the goats obtained or purchased?
 (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

2 Have all the goats in the consignment been born behind wire and reared in captivity since birth? (See Explanatory Notes)
 Yes No

3 Are any of the goats in this consignment still within a meat Withholding Period (WHP) following treatment with any veterinary drug or chemical?
 Yes No If Yes, give details: (Record additional details in question 6)

4 In the past 60 days, have any of these goats consumed any stockfeed that was still within a WHP when harvested or first grazed?
 Yes No If Yes, give details: _____

CHEMICAL PRODUCT _____ QUANTITY _____ DATE FIRST USED/GRAZED DATE WITHHOLDING PERIOD CLOSED

5 Have any of the goats in this consignment ever in their lives been fed feed containing tallow or gelatin?
 Yes No

6 Please include any additional information below e.g. vaccination programs, animal health certification, additional declarations, etc.

Declaration

I FULL NAME _____ FULL ADDRESS _____
 declare that, I am the owner or the person responsible for the husbandry of the goats 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 goats were not fed restricted animal material (including meat and bone meal) in breach of State or Territory legislation.

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

Tel no. _____ Fax no. _____

Part B To be completed by the person in charge of the goats while they are being moved. Completion of this part is optional in SA, TAS and VIC.

Date and time movement commenced _____ (am/pm)
DAY / MONTH / YEAR

Vehicle registration number _____ am the person in charge of the goats during the movement and declare all the information in Part B is true and correct.

I FULL NAME _____ Date _____ Tel no. _____
*When more than one truck is carrying the goats, other vehicle registration numbers are to be recorded.

Part C Agents declaration for goats sold at auction. (Completion of Part C is optional.)
 Agents completing Part C should retain the original declaration 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 _____
 No. of goats purchased _____ Saleyard arrival time (am/pm) _____
 Agent's signature _____ Date _____
DAY / MONTH / YEAR

ORIGINAL - GREENHAM

Are any of the cattle in this consignment still within a withholding period (WHP) or Export Slaughter Interval (ESI) following treatment with any veterinary drug or chemical?

Yes No Don't Know If Yes, give details: (Record additional details in question 9)

Are any of these cattle consumed any stockfeed that was still within a WHP when harvested or first grazed?

Yes No Don't Know If Yes, give details:

In the past 42 days, were any of these cattle: a) grazed in an endosulfan spray risk area, or b) fed fodders cut from an endosulfan spray risk area?

Yes No Don't Know Date sprayed

Additional information: see requirement in Explanatory Notes for completing this document.

Are any of these cattle subject to a stock mortgage or any other encumbrance that could affect clear title? Yes No

Part C: To be completed by the owner or person who is responsible for the husbandry of the cattle.

Declare that, I am the owner or person responsible for the husbandry of the cattle and that all information in Part A of this document is true and correct.

As the person responsible for the husbandry of the cattle, I also declare that all the information in part B of this document is true and correct, 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 cattle were not fed restricted animal material (including meat and bone meal) in breach of State or Territory legislation.

Signature Date Tel no.

Part D: To be completed by the person in charge of the cattle while they are being moved. Completion of this part is optional in SA, Tas. and Vic.

Movement commenced: Day / Month / Year (am/pm) Drivers license no.

Vehicle registration number(s):

I am the person in charge of the cattle during the movement and declare all the information in Part D is true and correct.

Signature Date Tel no.

When more than one truck is carrying the cattle, other vehicle registration numbers are to be recorded.

Part E: Vendor/Producer Agreement 'Dressed Weight'

H.W. Greenham & Sons Pty. Ltd. are processors and exporters of lean beef. To achieve the chemical lean content required by our customers we need to trim excess fat from carcasses before the slaughter floor weighing scales. By signing this form you signify your agreement to such trimming even though the fat removed may exceed standard carcasses. We offer purchase by live weight as an alternative if required.

I also hereby agree to tax invoices being issued by H.W. Greenham & Sons Pty Ltd. In the event that I cease to be registered for Goods & Services Tax purposes, I will notify H.W. Greenham & Sons Pty Ltd. H.W. Greenham & Sons Pty Ltd will undertake to notify you should this company cease to be registered.

Signature Full Name Full Address Including Postcode Date

H.W. Greenham & Sons Pty. Ltd. Cattle Comp. Agent CS233 Livestock Department Graeme Pretty 0418 505 347

NATIONAL VENDOR DECLARATION (CATTLE) AND WAYBILL

Part A: To be completed by the owner or person who is responsible for the husbandry of the cattle.

Owner of Cattle (NAME OF PERSON OR FULL COMPANY OR BUSINESS NAME)

Property/Place where the journey commenced (FULL ADDRESS INCLUDING POSTCODE)

ABRN No. (if known)

Table with columns: Property Identification Code (PIC) of this property, Description, Brands, Earmarks, and other details.

Consigned to H.W. Greenham & Sons Pty. Ltd. Finlay Rd. Tongala, 3621

Destination (if different) of cattle (FULL ADDRESS INCLUDING POSTCODE)

Do the cattle in this consignment carry an NLIS device? Yes No Don't know

If yes, number: Ear Rumen Lifetime traceable? Yes No

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

DOCUMENT TYPE NUMBER OFFICE OF ISSUE EXPIRY DATE

Part B: To be completed by the person who is responsible for the husbandry of the cattle.

Have any of the cattle in this consignment ever in their lives been treated with a hormonal growth promotant (HGP)? (Use a second document for mixed consignments.)

Yes No Don't know

Have these cattle been raised consistent with the rules of an independently audited Q A program on the Property the PIC of which is shown above?

Yes No If yes, give details: NAME OF PROGRAM ACCREDITATION OR LICENSE NO.

Were all of the cattle born and raised on the vendor's property? (If purchased at different times, tick the box corresponding to the most recent purchase)

Yes No Don't know If No, how long ago were the cattle obtained or purchased? Less than 2 months 2-6 months 6-12 months more than 12 months

In the past 60 days, have any of these cattle been fed by-product stockfeeds? Yes No Don't know If yes, tick the box of the product stockfeeds, date when last feed and a copy of an analysis report if available

In the past 6 months, have any of these cattle been on a property listed on the ERP database or placed under grazing restrictions because of chemical residue? Yes No Don't know If Yes give details:

1124781 National Vendor Declaration
Bobby Calves First Edition from 1 August 2002

To be completed by the vendor or a person responsible for the husbandry of the calves. Read carefully the Explanatory Notes before completing the Declaration. Please Print Clearly

..... **part A** *(for calves under 6 weeks of age, not accompanied by their dams)*

I, _____ Phone _____

Trading as (vendor) _____

Address _____

Total number of calves in this consignment:

Property Identification Code (PIC)/Tail Tag number applying to this consignment

Way Bill/Travel Permit No.

Destination (if known): _____ Place of Loading: _____ (am/pm)

Dispatch Date: _____ Dispatch Time: _____

..... **part B**

- 1** Are all the calves in this consignment at least 4 days old (in their 5th day of life or older)?
 Yes
- 2** Do all the calves in this consignment have dry, withered navel cords?
 Yes
- 3** Have all the calves in this consignment been fed within six (6) hours prior to delivery to the point of sale or collection?
 Yes
- 4** Are all the calves in this consignment over 23kg liveweight?
 Yes
- 5** Are all the calves in this consignment fit and strong enough to be transported for sale or slaughter?
 Yes

PLEASE ENSURE EVERY SECTION IS FULLY COMPLETED

6 Were all the calves in this consignment bred and raised on the vendor's property?
 Yes No

If No, how long ago were the calves obtained or purchased? (If purchased at different times, tick the box corresponding to the time of the most recent purchase.)

- A** Less than 1 week **B** More than 1 week

7 Have any of the calves in this consignment been treated orally, externally or by injection with a veterinary drug or chemical? (See Explanatory Notes)

- Yes No If Yes, list details in the following space provided

Veterinary Drug/Chemical	Calf Treatment Date	Meat WHP (days)
.....

8 Have any of the calves in this consignment had access to milk from cows that had been treated orally, externally or by intramammary, intramuscular or subcutaneous injection with a veterinary drug or chemical, before the milk withholding period has expired? (See Explanatory Notes)

- Yes No If Yes, list details in the following space provided

Veterinary Drug/Chemical	Date calf last had access to contaminated milk	Meat WHP of cow (days)
.....

9 Additional information: see Question 9 requirements in Explanatory Notes for completing this form.

.....

As the vendor or person responsible for the husbandry of the calves, I declare that all the information stated in this Declaration is true and correct and that I have read and understood the Explanatory Notes

Signed Date/...../.....
(Print the name of the person responsible for the husbandry of the calves, which name appears above, only name appears above, only name appears above)

Serial numbers on the tags carried by the calves in this consignment (optional) -
 E.g. 0105-0110 or 0105, 0106, 0107, 0108, 0109, 0110.

Please Note -
 In the case of calves sold at auction, this declaration is to be retained by the selling agent for a minimum of two (2) years. A copy is to be made available to any buyer of the consignment, or part of the consignment, or part of the consignment, on request.

PigPass NATIONAL VENDOR DECLARATION

Version 3, March 2007 To be completed in triplicate

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

Legal owner of pigs: _____ Ph: _____
(NAME OF PERSON OR FULL TRADING NAME)

Property/place where journey commenced: _____
(FULL ADDRESS)

Property Identification Code (PIC) _____ Tattoo/Brand number _____
(NAME OF PERSON OR FULL TRADING NAME)

Description of pigs

Number of Pigs	Type	Sex	Sax	Buyers / sale	Special risks & ID

Destination of Pigs _____
(NAME OF PERSON OR BUSINESS AND FULL ADDRESS)

Producer Slaughter Agent Stock Agent Abattoir Other

Part B To be completed by the person who is responsible for the husbandry of the pigs.

1 Does the property from which these pigs are sourced have a current certified QA program covering the husbandry of the pigs eg, APIQ?
 Yes No If Yes (NAME OF PERSON OR BUSINESS) _____ CERTIFICATION NUMBER _____ EXPIRY DATE _____
(DAY / MONTH / YEAR)

2 How long have consigned pigs resided on this property?
 Since birth 0-2 months 2-6 months 6-12 months more than 12 months

3 If treated with veterinary compounds are any of the pigs in this consignment still within any:
 Withholding Period (WHIP) Yes No
 Or
 Export Slaughter Interval (ESI) Yes No
(NAME OF PERSON OR BUSINESS) _____ (NAME OF PERSON OR BUSINESS) _____
(FULL ADDRESS) _____ (FULL ADDRESS) _____

Part C To be completed by the owner or person who is responsible for the husbandry of the pigs.

4 While the pigs have been under your control have they been treated with a compound listed in Table 2 in the explanatory notes? Yes No
(NAME OF PERSON OR BUSINESS)

5 Were all feed inputs provided to the pigs in this consignment purchased and prepared under an approved QA program? Yes No If Yes (NAME OF PERSON OR BUSINESS)

6 When were the pigs in this consignment last:
 Fed: _____ (am/pm) Watered: _____ (am/pm)

I, THE SIGNER, declare that I am the owner or the person responsible for the husbandry of the consignment pigs and that all the information in Parts A and B of this document is true and correct, 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 pigs were not fed swill in breach of State or Territory legislation and that they are fit to travel.

Signature _____ Date _____ Ph: _____
Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.

Part D To be completed by the person in charge of the pigs while they are being moved.
 Completion of _____

Movement commenced: _____ (am/pm) Estimated Temperature: _____
 Vehicle registration number(s): _____ Truck clean: Yes No

I, THE NEW AND TRANSFERRED SIGNER, am the person in charge of the pigs during the movement and declare all the information in Part D is true and correct.

Signature _____ Date _____ Ph: _____
When more than one truck is carrying the pigs, other vehicle registration numbers are to be recorded.

When consignment is delivered record the arrival time _____ (am/pm) (NAME AND QUALIFICATION)

Part E Receiver of consignment of pigs

Receiver _____
 Producer Slaughter Agent Stock Agent Abattoir Other

Ph: _____ Receiver PIC _____
(If Available)

Total qty. received: _____ Dead on arrival: _____
 Vendor code: _____ Agent's code: _____
(If Applicable)

Signature _____ Date _____
(NAME AND QUALIFICATION)

EUROPEAN UNION VENDOR DECLARATION (CATTLE) AND WAYBILL

First edition, November 2005
Export Control Act 1982 (Cwth); AGI Stock Act 1981; NSW Rural Lands Protection Act 1998; Queensland Stock Act 1945; WA Stock (Identification and Movement) Act 1970.

This form must be used for all cattle consigned from one EU accredited facility to another EU accredited facility. When cattle are sent from an EU accredited facility to a destination that is not EU accredited the National Vendor Declaration (cattle) and waybill should be used.

Part A. To be completed by the accredited manager responsible for the husbandry of the cattle.

Owner of cattle.....
(FULL THIRDS NAME)
(FULL ADDRESS)

Property/place where the journey commenced.....

Property Identification Code (PIC) of this property.....

Description of cattle		PIC on Transaction Tag (IF DIFFERENT FROM THAT SHOWN ABOVE)	Brands, Earmarks (IF PRESENT OR REQUIRED)
Number	Description	(FULL THREE DIGIT NUMBER)	

Consigned to.....
(NAME OF PERSON OR BUSINESS AND FULL ADDRESS)
(FULL ADDRESS)

Destination (if different) of cattle.....
(FULL ADDRESS)

NLIS devices used on these cattle Number of ear tags Number of rumen devices

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

DOCUMENT TYPE	NUMBER	OFFICE OF ISSUE	EXPIRY DATE
1 Have these cattle been raised consistent with the rules of an independently audited QA program (in addition to EU CAS) on the property, the PIC of which is shown above? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details: MARK OF PROGRAM..... CALCULATION ON EUROPEAN NUI.....			
2 Were all of the cattle born and raised on the vendor's property? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, how long ago were the cattle obtained or purchased? (If purchased at different times, tick the box corresponding to the time of the most recent purchase.) A. Less than 2 months <input type="checkbox"/> B. 2-6 months <input type="checkbox"/> C. 6-12 months <input type="checkbox"/> D. more than 12 months <input type="checkbox"/>			
3 In the past 60 days, have any of these cattle been fed by-product stockfeeds? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, attach a list of the by-product stockfeeds, date when first fed and a copy of an analyst's report, if available.			
4 In the past 6 months, have any of these cattle been on a property listed on the ERP database or placed under grazing restrictions because of chemical residue? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details:			
5 Are any of the cattle in this consignment still within a Withholding Period (WHP) or Export Slaughter Interval (ESI) following treatment with any veterinary drug or chemical? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details: (Record additional details in question 9)			


CHEMICAL PRODUCT..... WHP..... ESI (IF SET).....

6 In the past 60 days, have any of these cattle consumed any stockfeed that was still within a WHP when harvested or first grazed?
Yes No If Yes, give details:.....
CHEMICAL PRODUCT..... WHP..... ESI (IF SET).....

7 In the past 42 days, were any of these cattle:
a) grazed in an endosulfan spray risk area; or
b) fed fodder cut from an endosulfan spray drift risk area?
(See Explanatory Notes for definition of endosulfan spray drift risk area.)
Yes No If Yes Date sprayed: DAY / MONTH / YEAR.....

8 Additional information: see requirements in Explanatory Notes for completing this document.

Declaration

I, FULL NAME..... FULL ADDRESS.....
 **LPA**
declare as the manager responsible for the husbandry of the animals in this consignment, that the information stated in this declaration is true and correct. I also declare that none of the animals have ever been treated with HGPS; I have records available to demonstrate that the animals were either born on the property the PIC of which is shown, or that appropriate declarations have been properly identified by the use of the approved NLIS device. This declaration is made under the Export Control Act 1982. I will retain a copy of this declaration for two (2) years, three (3) years in WA. Giving false or misleading information is a serious offence under the Criminal Code Act 1955, the punishment for which is a period of imprisonment not exceeding 12 months.

I also declare, that I have read and understood questions 1-8, that I have answered on this document and the explanatory notes, and that, while under my control, the cattle were not fed restricted animal material (including meat and bone meal) in breach of State or Territory legislation.

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

Tel no...... **Fax no.**.....

Part B. To be completed by the person in charge of the cattle while they are being moved.
Completion of this part is optional in SA, TAS and VIC.

Movement commenced: DAY / MONTH / YEAR..... (am/pm)

Vehicle registration number(s):..... (am/pm)

I, FULL NAME..... am the person in charge of the cattle during the movement and declare all the information in Part B is true and correct.
Signature..... **Date**..... **Tel no.**.....

*When more than one truck is carrying the cattle, other vehicle registration numbers are to be recorded.

Part C. Agents declaration for cattle sold at auction. (Completion of Part C is optional.)
Agents completing Part C should retain the original declaration 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..... **Destination PIC**.....

Buyer's name..... **Saleyard arrival time (am/pm)**.....

No. of cattle purchased..... **Date**..... DAY / MONTH / YEAR.....

Agent's signature.....

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