

NATIONAL CATTLE HEALTH STATEMENT

VERSION 1
August 2012

Consignment PIC Number (must be completed): S.A.23.1.4.8.2

Attached to accompanying NVD / Waybill No: 1.3.6.2.8.1.8.5

SECTION 1 – Consignment Information

(must comply with the information provided on an NVD, if attached)

Owner of cattle: COROVALE PARTNERSHIP
 Phone number: 87587272
 Address of origin of stock: 3111 ROWNEY ROAD

Destination Property Identification Code (PIC) (if known):
 Description of cattle (e.g. breed, sex & type): 15 ANGUS STEERS
 Were all the cattle vendor-bred on the above property: Yes No

SECTION 2 – Johne’s Disease Beef Cattle *(see explanatory notes for further information)*

The cattle originate from the following BJD Zone/Area:
 Protected Zone Free Zone Beef Protected Area Management Area
 The cattle originate from a herd with a status of:
 Infected Suspect Non-Assessed Check Tested Beef Only
 Tested to MAP Standard Tested 4yo MN1 MN2 MN3
 Beef Protected Area beef cattle (non-assessed) eligible for the Protected Zone

SECTION 3 – Johne’s Disease Dairy Cattle *(see explanatory notes for further information)*

The consignment has a Dairy Assurance Score of:
 Part A (herd base score)..... Part B (calf credits)..... Part C (total Dairy Score).....

SECTION 4 – Enzootic Bovine Leucosis (EBL) *(see explanatory notes for further information)*

EBL test result for animals being moved:
 Date of test:
 Are the cattle from an EBL accredited or certified free herd: Yes No

SECTION 5a – Treatments *(see explanatory notes for further information)*

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

SECTION 5b – Current Vaccinations *(see explanatory notes for further information)*

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
 Other Vaccinations (specify):

SECTION 5c – Pestivirus Testing *(see explanatory notes for further information)*

Have these cattle been tested for the presence of pestivirus antigen (in blood, skin or hair)? Yes No
 If tested, were any cattle positive for pestivirus antigen? Yes No
 If tested, were the cattle found to be persistently infected? Yes No
 Other (specify):

SECTION 6 – Declaration *(see explanatory notes for further information)*

As the owner person *(please circle)* responsible for the husbandry of the cattle in this consignment, I declare that the above information in this statement is true and correct.
 Signed: P.M. Crane Name: P.M. CRANE
 Date: 27/8/14 Phone no: 87587272 Address: Box 93 MUNDULLA 5270
 Persons making false statements may be liable under fair trading and other relevant State legislation.

SECTION 7 – Cattle Tick *(see explanatory notes for further information)*

I
(full name of inspector or authorised person)
 Declare that the stock described above are from a non restricted property in a cattle tick free area OR
 Declare that the stock described above comply with the cattle tick entry requirements for OR
 Where treatment and/or inspection was required the following inspection and/or treatment
 was undertaken: Type of inspection:
(clean inspection and/or supervised)
 Treatment: Method of treatment:
(chemical) (plunge dip – spray – pour on – injection)
 Signature: Designation:
 Date: Phone no: Location:

SECTION 8 – Certification by an Authorised Person *(to be completed for intrastate or interstate movements only where required) (see explanatory notes for further information)*

According to the information provided above, and after due investigation of jurisdictional records by me, I certify that the health status of the consignment of cattle described above complies with the jurisdictional requirements pertaining to
(destination State/Territory)
 Signed: Name:
 Date: Phone no: Location: