

NATIONAL SHEEP HEALTH STATEMENT (SHS)

Completing this Sheep Health Statement (SHS) will assist prospective buyers to determine the suitability of these sheep for their enterprise. Although the SHS is voluntary in most states, it is mandatory in SA. (Version 3, July 2013)

Attached to accompanying NVD/Waybill No.		PIC of the consignment property	NJ 090163
--	--	---------------------------------	-----------

A: BIOSECURITY INFORMATION	
A1. All consigned sheep were born on the consignment property.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
A2. The number of different sources of sheep that have been INTRODUCED onto the consignment property in the last 5 years is: 0 (closed flock) <input type="checkbox"/> 1- 5 <input type="checkbox"/> 6+ <input type="checkbox"/> Rams Only <input checked="" type="checkbox"/>	
A3. All consigned sheep are from a property with a livestock biosecurity plan. (see note 1) If Yes, Property Plan <input type="checkbox"/> Regional Biosecurity Plan <input checked="" type="checkbox"/> WESTERN DIVISION (name)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

B: FOOTROT / LICE / OVINE BRUCELLOSIS	
B1. To the best of my knowledge, all consigned sheep are from a flock free of VIRULENT FOOTROT.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B2. To the best of my knowledge, all consigned sheep are from a flock free of LICE.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B3. All consigned sheep are from a flock in an OVINE BRUCELLOSIS Scheme. If Yes, Flock Accreditation No. (except Qld) Expiry Date...../..... / 20.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

C: OVINE JOHNE'S DISEASE (OJD)	
C1. All consigned sheep are from a SheepMAP flock. (see note 2) If yes, Status: Year commenced in SheepMAP:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C2. All consigned sheep are from a flock with a negative test for OJD. (see note 3) If Yes, which test? Faecal 350 within the past 24 months <input type="checkbox"/> Abattoir 500 within the past 24 months <input type="checkbox"/> Abattoir 150 within the past 12 months <input type="checkbox"/> Other (see note 4)..... <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C3. To the best of my knowledge, all consigned sheep are from a flock not infected or suspected of being infected with OJD. (see note 5)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C4. All consigned lambs are 'T' tag lambs. (see note 6)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C5. (a) All consigned sheep are Approved Vaccinates. (see note 7) (b) If Yes, I have been continuously vaccinating all retained lambs in the consignment flock for OJD for years.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C6. Sheep INTRODUCED onto the consignment property in the last 5 years were from a flock with: (see notes 2,3 and 7 - multiple answers may be applicable) SheepMAP accreditation <input type="checkbox"/> Negative Faecal 350 <input type="checkbox"/> Negative Abattoir 500 <input type="checkbox"/> Negative Abattoir 150 <input type="checkbox"/> All Approved Vaccinates <input type="checkbox"/> Unknown status <input type="checkbox"/> Other <input type="checkbox"/> (see note 8)	

D: TREATMENT INFORMATION OF CONSIGNED SHEEP		
Treatment	Product	Date of Last Treatment
External Parasite Treatment	VETRAZIN SPRAY ON	15.1.12 - 1.14.
Internal Parasite Treatment	MAXIMUS	15.1.12 - 1.14.
Vaccination (other than OJD)	 / /

E: ADDITIONAL INFORMATION (optional - see note 9)

F: DECLARATION (see note 10)	
I (full name): <u>APRIL MERVILLE</u>	
Address: <u>MULLA PARK BLENHEIRNA</u>	
declare that, I am the owner and/or person responsible for the husbandry of the sheep in this consignment and all the information on this Sheep Health Statement is true and correct:	
Signed: <u>[Signature]</u>	Date: <u>12.1.04/2015</u>
Phone Number: <u>02 68744863</u>	Fax number/email:

Producers are advised to retain appropriate records to support this declaration. Persons making false statements may be liable under fair