

NATIONAL CATTLE HEALTH DECLARATION

V: 02/05/18

Property Identification Code (PIC) of this property
This MUST be the PIC of the property that
the stock is being moved from

--	--	--	--	--	--	--	--	--	--

Attached to accompanying NVD/Waybill No.

--	--	--	--	--	--	--	--	--	--

Biosecurity and health information

- Has the owner stated above owned all the cattle in this consignment since birth? Y N
- Does the property of origin have a completed on-farm biosecurity plan? Y N
- Have these cattle been tested for the presence of pestivirus antigen?
If tested, were any cattle found to be persistently infected? Y N
Y N
- Have these cattle been tested for the presence of pestivirus antibody?
If tested what percentage of the tested cattle were antibody positive? Y N
Y N

- Has the property of origin had an occurrence of clinical Johne's disease (JD) in any species in the past five years? Y N Unsure
J-BAS of (Optional)

- On the property of origin, have cattle been co-grazed with dairy cattle?
See explanatory note for advice on co-grazing with non-bovine species Y N Pending

- Has the source herd had a JD test? Y N Pending
If so, which test? Check Test Sample Test Date / /
Was the result negative? Y N

- If dairy cattle, the consignment has a Dairy Assurance Score of:
Part A (herd base score) Part B (calf credits) Part C (total Dairy Score)

- Any other relevant health information

Treatments

Treatment type

Product

Date of treatment
within last 6 months

Drench or pour-on

Liver fluke

Other treatments

Current vaccinations for the cattle being moved (see explanatory note)

- Clostridial (e.g. 5 in 1): Y Botulism: Y
- Leptospira (e.g. 7 in 1): Y Bovine ephemeral fever: Y
- Pestivirus: Y Tick fever: Y
- JD (Sliirum): Y Vibrio: Y

Other vaccinations (specify):

Declaration (see explanatory notes for further information)

I (Full name)

..... (Address)

..... (Town/suburb)

..... (State)

..... (Postcode)

declare that I am the owner or the person responsible for the husbandry of the cattle and that all the information in 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 I have inspected the animals and deem them to be healthy, free of signs of disease and fit to travel.

Signature*

Date / /

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

Tel. No. ()

Email