NATIONAL VENDOR DECLARATION (CATTLE) AND WAYBILL

C0720 38888888

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 ..... (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 cattle

Number	Description (BREED, SEX, E.G. HEREFORD CROSS STEERS)	Brands or Earmarks (IF PRESENT OR REQUIRED)
	Total	

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

Consigned to ..... (NAME OF PERSON OR BUSINESS)

(ADDRESS) ..... (TOWN/SUBURB) ..... (STATE)

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

Destination PIC (REQ: WA & TAS)

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. health statement

DOCUMENT TYPE ..... NUMBER ..... OFFICE OF ISSUE ..... / /20 EXPIRY DATE

1. **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 ☐

2. **Have the cattle in this consignment ever in their lives been fed feed containing animal fats?**
   Yes ☐ No ☐ (See Explanatory Notes)

3. **Has the owner stated above owned these cattle since their birth?**
   Yes ☐ No ☐ If No, how long 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 ☐ B. 2–6 months ☐ C. 6–12 months ☐ D. more than 12 months ☐

4. **In the past 60 days, have any of these cattle been fed by-product stockfeeds?**
   Yes ☐ No ☐ If Yes, attach a list of the by-product stockfeeds, date when last fed and a copy of an analyst's report if available.

5. **In the past 6 months have any of these animals been on a property listed on the ERP database or placed under any restrictions because of chemical residues?**
   Yes ☐ No ☐ If Yes, give details: .....

6. **Are any of the cattle 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 9)

   CHEMICAL PRODUCT ..... / /20 DATE APPLIED ..... WHP ..... ESI (IF SET) .....

7. **In the past 60 days, have any of the cattle 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:

   CHEMICAL PRODUCT ..... / /20 DATE APPLIED ..... GRAZING WHP ..... / /20 DATE FIRST FED/GRAZED ..... / /20 DATE FEEDING/GRAZING CEASED .....

8. **In the past 42 days, were any of these cattle**
   a) grazed in a spray risk area; or
   b) fed fodders cut from a spray drift risk area? (See Explanatory Notes for definition of spray drift risk area.)
   Yes ☐ No ☐ If Yes, Date sprayed: ..... / /20

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

Declaration

I ..... FULL NAME ..... FULL ADDRESS

ADDRESS CONT. .....

LPA™

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. 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 cattle 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.** .....

Email. .....

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 and VIC.

Movement commenced: ..... / /20 ..... : ..... **(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** ..... / /20 **Tel no.** .....

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

SAMPLE