

NATIONAL CATTLE HEALTH DECLARATION

V: 8/10/22

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

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Attached to accompanying NVD/Waybill No.

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No. of cattle in consignment

Biosecurity and health information

- Has the owner 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 bovine viral diarrhoea virus (BVDV, pestivirus)?
If tested, were any cattle found to be persistently infected? Y N
- Have these cattle been tested for the presence of BVDV (pestivirus) antibody?
Test results Y N

- Has the source herd had a test for Johne's disease (JD)?
If so, which test? Check Test Sample Test HEC Test (dairy only)
Was the result negative? Y N Pending Date / /

- Has the property of origin had an occurrence of clinical JD in any species in the past five years? Y N Unsure

JDD's of J-BAS of

- BEEF CATTLE: 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 Unsure

- Any other relevant health information

Treatments

Treatment for	Product name and type (e.g., pour-on, drench)	Date of treatment within last 6 months
Parasites		/ /
Ticks		/ /
Pain relief		/ /
Other treatments		/ /

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

- Clostridial (e.g. 5 in 1): Y Date / /
- Leptospira (e.g. 7 in 1): Y Date / /
- Pestivirus: Y Date / /
- JD (Sillurum): Y Date / /
- Botulism: Y Date / /
- Bovine ephemeral fever: Y Date / /
- Tick fever: Y Date / /
- Vibrio: Y Date / /
- Infectious bovine rhinotracheitis: Y Date / /
- Mannheimia haemolytica: Y Date / /
- Other vaccinations (specify): Date / /

Declaration (see explanatory notes for further information)

(Full name) _____ (State) / /
(Address) _____ (Town/suburb) _____ (Postcode)

I 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