

Declare HGP-treated cattle accurately

Tick YES on the NVD if:



You are in doubt



Records say yes



Animals have a triangular hole in their right ear



You can see or feel an old implant or steel bead in their left ear

NATIONAL VENDOR DECLARATION (CATTLE) AND WAYBILL

C0720

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) (CITY/SUBURB) (STATE)

Property Identification Number (PIN) (This MUST be the PIN of the property where the journey commenced)

Description of cattle (NUMBER OF CATTLE) (BREED OR REQUIRED)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

Number of cattle (NUMBER OF CATTLE)

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 / 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 / DATE APPLIED / GRAZING WHP / DATE FIRST FED/GRAZED / 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.

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 am the person in charge of the cattle during the

and declare all the information in Part B is true and

Date / /20

truck is carrying the cattle, other vehicle registration numbers a

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

If in doubt, tick YES

