NATIONAL VENDOR DECLARATION (BOBBY CALVES) AND WAYBILL

BC0412

For calves between 5 and 30 days of age not accompanied by their dam

Part A **To be completed by the owner or person who is responsible for the husbandry of the calves.**

Owner of the calves ..... (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

Description of calves

Number	Description BREED, SEX, E.G. (FRIESIAN MIXED SEX)
	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 calves ..... (LOCATION ADDRESS)

Details of other statutory documents relating to this movement e.g. health statement

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

1 Have these calves been raised on a licensed dairy farm or consistent with the rules of an independently audited QA program on the property the PIC of which is shown above?

Yes ☐ No ☐ If Yes, give details: NAME OF PROGRAM ..... ACCREDITATION OR LICENSE NO. .....

2 Has the owner stated above owned these calves since their birth?

Yes ☐ No ☐ If No, how long ago were the calves obtained or purchased?

Less then 1 week ☐ More then 1 week ☐

3 In the past 60 days, have any of the calves 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 ..... WHP / /20 DATE FIRST FED/GRAZED / /20 DATE FEEDING/GRAZING CEASED

4 Have any of the calves in this consignment been treated orally, externally or by injection with a veterinary drug or chemical, including medicated feeds? (See Explanatory Notes)

Yes ☐ No ☐ If Yes, list details in the following space provided

VETERINARY DRUG/CHEMICAL	CALF TREATMENT DATE (DAY MONTH YEAR)	MEAT WHP (DAYS)	ESI (IF SET)
	/ /20		
	/ /20		

5 Have any of the calves in this consignment had access to milk from cows that had been treated orally, externally or by intramammary, intramuscular or subcutaneous injection with a veterinary drug or chemical, before the milk withholding period has expired? (See Explanatory Notes)

Yes ☐ No ☐ If Yes, list details in the following space provided

VETERINARY DRUG/CHEMICAL	DATE CALF LAST HAD ACCESS TO CONTAMINATED MILK (DAY MONTH YEAR)	MEAT WHP OF COW (DAYS)	ESI (IF SET)
	/ /20		
	/ /20		

6 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: .....

7 Additional information: (See Explanatory Notes)

Declaration **The Declaration is only valid if signed and dated**

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

..... ADDRESS CONT.

LPA

declare that, I am the owner or the person responsible for the husbandry of the calves 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, I have read and understood the explanatory notes, that the calves in this consignment meet the animal welfare requirements being they are at least in their fifth (5) day of life, are fit and strong enough to be transported for sale or slaughter, and have been fed milk or milk replacer on the farm within 6 hours of transport, and that, while under my control, the calves were not fed restricted animal material (including meat and bone meal) in breach of State and 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.** .....

Part B **To be completed by the person in charge of the calves while they are being moved. Completion of this part is optional in VIC**

Date and time movement commenced: / /20 (DAY MONTH YEAR) : (TIME) **(am/pm)**

Vehicle registration number(s)*: .....

I ..... FULL NAME **am the person in charge of the calves 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 calves, other vehicle registration numbers are to be recorded.

Please Note: In the case of calves sold at auction, this declaration is to be retained (original, scanned copy or summary) by the selling agent for a minimum of two (2) years, or three (3) years in WA. A copy is to be made available to any buyer of the consignment, or part of the consignment, on request.

SAMPLE