



TASMANIAN GENERIC VENDOR DECLARATION FOR THE MOVEMENTS OF GOATS

VENDOR SERIAL:

Table for Vendor Serial: M, PIC, MOVEMENT DATE (DDMM25), DIGIT (XX)



Original/Copy.

PART A: MUST be completed by the livestock owner or person responsible for the husbandry of the goats

OWNER OF GOATS:

(Name and full address)

PROPERTY OF ORIGIN OF GOATS:

(Full Address if different to above)

PROPERTY IDENTIFICATION CODE (PIC) of ORIGIN:

Table for PIC of Origin: M

Description of GOATS:

Table with columns: Number, Year Born, Month of shearing, PIC / BRAND / EAR TAGS

Hours off feed and water before transporting:

CONSIGNEE TO:

(Name of person / business)

DESTINATION OF GOATS:

(Full address)

PROPERTY IDENTIFICATION CODE (PIC) of DESTINATION:

Table for PIC of Destination: M

Please ensure you answer ALL the following questions by ticking the correct option. If you don't understand the question please read the explanatory notes or seek advice.

- 1. Are all the goats in this consignment NLIS identified?
2. Have all the goats in this consignment been treated with a Scabby Mouth Vaccination...
3. Were all the goats in this consignment bred and raised on the vendor's property? If NO, how many months ago were the goats obtained?

4. In the past 60 days, have any of these goats consumed any stockfeed that was within a Withholding Period (WHP) when harvested or first grazed?

Table for Q4: CHEMICAL PRODUCT, TREATMENT DATE, GRAZING WHP, DATE FIRST FED/GRAZED, DATE FEEDING/GRAZING CEASED

(comments):

5. Are any of the goats in this consignment still within a "Withholding Period (WHP) or Export Slaughter Interval (ESI)" following treatment with any veterinary drug or chemical?

Table for Q5: CHEMICAL PRODUCT, TREATMENT DATE, WHP, ESI (if set)

(comments):

6. Have any of the goats in this consignment ever in their lives been fed feed containing tallow or gelatine?

7. Please include any additional information below. e.g. vaccination programs, animal health certification, additional declarations, etc.

(comments):

DECLARATION

I...declare that I am the owner or person responsible for the husbandry of the goats and that all the information provided in this document is true and correct.

Signature.....Date

Phone number Email

PART B: MUST be completed by the person in charge of the goats which are being moved

Movement commenced ___/___/20___ . Time: ___:___ (AM / PM)

Vehicle registration number(s).....

Iam the person in charge of the goats during the movement and declare that all information in Part B is true and correct.

Signature..... Date..... Tel. no.....