



Animal Status Declaration



Declaration: I am the person in charge of these animals and I declare that I have read and understand the requirements for this ASD and that the information that follows is true and accurate.

AHB herd no. or LIC MINDA code
(cattle and deer only)

Signature (person in charge)	Address animals moved from (Rapid Number, Road and Town/District)	NAIT no.
Name (person in charge)		Phone
Owner/Trade name (if different from person in charge)	Owner's postal address (if different from above)	Fax
		Email
		Date / /

Stock type	Steer	Heifer	Cow	Bull	Lamb	Sheep	Deer	Other
Tallies								

Description (e.g. breed, age, ID, etc)

Destination (e.g. name and location of processor, saleyard or farm destination)

1.0 Withholding periods – all animals (see note 1 of the requirements)

1.1 Are any of these animals within the withholding period of any treatment? yes no

1.2 If Yes, state the product name, method of treatment and dates applied

(NB: these animals are NOT eligible for slaughter for human consumption until outside the withholding periods)

Product name	Method of treatment	Date used
		/ /
		/ /

2.0 Animal history – all animals (see note 2 of the requirements)

2.1 Were all of these animals born on your property? yes no

2.2 Were any of these animals imported into New Zealand? yes no

2.3 Are any of these animals from either a MPI surveillance listed property or under MPI movement control for residues or any purpose other than TB? yes no

3.0 Animal feeding – cattle, sheep, lambs, goats, deer, alpacas, llamas (see note 3 of the requirements)

3.1 Have any of these animals been fed ruminant protein in their lifetime? yes no

3.2 Have any of these animals been fed ANYTHING OTHER than milk or pasture (see description of 'Pasture fed') in their lifetime? yes no

4.0 John's Disease vaccination – where applicable (see note 4 of the requirements)

4.1 Have any of these animals been vaccinated against John's disease in their lifetime? yes no

5.0 HGP treatment – cattle (see note 5 of the requirements)

5.1 Have any of these cattle been treated with a hormonal growth promotant in their lifetime? yes no

5.2 If Yes, how many of these cattle have been treated with a hormonal growth promotant in their lifetime? **Number**

6.0 TB Declaration – cattle, deer (see note 6 of the requirements)

6.1 What is the TB status of these animals? Enter status and index number

6.2 Have any of these animals been tested while under your management?

6.3 What is the **date** of the last TB test for **these animals** and was TB detected?

6.4 What is the **date** of the last TB test for the **whole herd** and was TB detected?

6.5 Is the herd under TB movement control? (If Yes, a permit is required unless going direct to slaughter)

6.6 Are these animals being moved from a property within a Movement Control Area?

6.7 If Yes, have these animals been tested within 60 days prior to this movement? (The 60 day test is not required if the animals are going direct to slaughter)

6.8 Does the herd from which these animals are being moved include cattle or deer which have been introduced from a herd of lower TB status within the last three years?

Status	Number		
	yes	no	
Date	/ /	yes	no
Date	/ /	yes	no
	yes	no	
	yes	no	
	yes	no	

I understand the obligations under the Animal Welfare Act of persons in charge of animals to ensure that their physical, health and behavioural needs are met in accordance with the minimum standards defined in Codes of Welfare under the Act

7.0 Additional information (see note 7 of the requirements)

HAVE YOU SIGNED THIS FORM AT THE TOP LEFT?

HAVE YOU COMPLETED THE PENCARD? ▼

May 2012

Te Kuiti Meat Processors Farm Assurance Declaration



1. Is your property approved under either of the following Farm Assurance Programmes?				
a) Te Kuiti Meat Processors Global Animal Partnership. (TK GAP)	GAP Rated ID No. If known		Yes	No
b) Te Kuiti Meat Processors Farm Assurance Programme. (TK FAP)	Agribase Farm ID No. If known		Yes	No
2. Is your property approved under any other Farm Assurance Programme? If Yes by which Company?	Agribase Farm ID No. If known		Yes	No
3. Have any of the lambs in this line been administered antibiotics in any form?			Yes	No
4. Have any of the lambs in this line been fed any imported lucerne, imported stock feed, grain or grain by-products, or compounded or manufactured stock feed.			Yes	No
5. For lambs in this line that were not born on your property - have you received an appropriately completed ASD from each of the previous owners that you will retain for a minimum of 5 years confirming...				
a) compliance to the Farm Assurance questions 3 & 4 above that the lambs have NOT been administered antibiotics (Q3) and NOT consumed any of the listed feeds (Q4)?	N/A		Yes	No
b) FOR FAP SUPPLIERS: ... they came from a FAP property and/or been resident on your farm for 60 days or more?	N/A		Yes	No
c) FOR GAP SUPPLIERS ONLY: ... they were born on and have spent their entire life on a GAP approved property?	N/A		Yes	No

FAP = Farm Assurance Programme