




Animal Status Declaration

Ministry for Primary Industries
Manatū Ahu Matua



NAIT
Linking people, property and livestock



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.

Signature (person in charge)

Name (person in charge)

Owner/Trade name (if different from person in charge)

Address animals moved from (Rapid Number, Road and Town/District)

Owner's postal address (if different from above)

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

NAIT no.

Phone

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

4.1 Have any of these animals been vaccinated against Johne'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

Status

Number

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

yes

no

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

Date / /

yes

no

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

Date / /

yes

no

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

yes

no

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

yes

no

6.7 If Yes, have these animals been tested within 60 days prior to this movement?

yes

no

(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?

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

TE KUITI MEAT PROCESSORS

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

Pencard



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Signature <small>(person in charge)</small>				Address animals moved from <small>(Rapid Number, Road and Town/District)</small>				AHB herd no. or LIC MINDA code <small>(cattle and deer only)</small>
Name <small>(person in charge)</small>								NAIT no.
Owner/Trade name <small>(if different from person in charge)</small>								Phone
				Email				
				Owner's postal address <small>(if different from above)</small>				Date / /
Stock type	Steer	Heifer	Cow	Bull	Lamb	Sheep	Deer	Other
Tallies								
Description <small>(e.g. breed, age, ID, etc)</small>								
Destination <small>(e.g. name and location of processor, saleyard or farm destination)</small>								

SECTION 2
SUPPLIER TO COMPLETE

TRANSPORT OPERATOR:

TIME OFF FEED (YARDED):

DRAFTER:

PICK UP TIME:

LIVER SAMPLE REQUESTED::☐

SHEARING DATE:

AVERAGE DRAFTING WEIGHT OF MOB:

N.B. If you would like a liver sample please ensure appropriate paperwork sent to plant prior.

PLANT USE
M.P.I STAMP

COMMENTS

PROCESSOR USE ONLY
Date

MOB No
MOUTHING CARRIED
OUT IN YARDS

INITIAL STOCK PRESENTATION STANDARD:
W1 - Excellent

W2 - Good

W3A - Dirty, Foreign matter
W3B - Spray Raddle
W3C - Dags

W4 - Poor

DAY	MON	TUES	WED	THUR	FRI	SAT	SUN					
AM	1	2	3	4	5	6	7	8	9	10	11	12
TIME												
PM	1	2	3	4	5	6	7	8	9	10	11	12
TALLY CHECK	<input type="checkbox"/>						<input checked="" type="checkbox"/>	DIY REASON COA etc...				
PEN No	1	2	3	4	5	6	7	8	9	10	11	12
	13	14	15	16	17	18	19	20	21	22	23	24