

Animal Status Declaration

Ministry for Primary Industries
Manatu Ahu Matua



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.		TBfree 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 number
Name (person in charge)			Phone
Owner/Trade name (if different from person in charge)	Owner's postal address (if different from above)		Fax <i>N/A</i>
			Email
		Date / /	

Stock type	Steer	Heifer	Cow	Bull	Lamb	Sheep	Deer	Other <i>Goat or Horse</i>
Tallies								

Description (e.g. breed, age (e.g. R1, R2, R3), 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

If Yes, state the product name, method of treatment, the date of the last treatment and the withholding period of the treatment (days).
(NB: these animals are NOT eligible for slaughter for human consumption; they are eligible for slaughter for animal consumption but must be categorised as medium risk material).

Product name	Method of treatment	Date of last treatment	Withholding period
		/ /	
		/ /	

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 an MPI surveillance listed property or under MPI 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 (see description of ruminant protein)? yes no

3.2 Have any of these animals been fed ANYTHING OTHER than milk or pasture in their lifetime (see description of 'Pasture/grass fed')? 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 Antimicrobial agent(s) (see note 5 of the requirements)

5.1 Have any of the animals been treated with antimicrobial agent(s) in their lifetime for the sole purpose of promoting growth or to increase yield? yes no

6.0 HGP treatment – cattle (see note 6 of the requirements)

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

7.0 TB Declaration – cattle, deer (see note 7 of the requirements)

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

Status	Number	
	yes	no

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

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

Date / /	yes	no
	yes	no

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

Date / /	yes	no
	yes	no

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

yes	no
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7.6 Are these animals being moved from a property within a Movement Control Area?

yes	no
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7.7 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)

yes	no
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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

8.0 Additional information (see note 8 of the requirements)

HAVE YOU SIGNED THIS FORM AT THE TOP LEFT?