NATIONAL VENDOR DECLARATION AND WAYBILL	(CATTLE)		
This form cannot be used where eligibi	lity for the EU ma	arket is requ	iired.
Part A To be completed by the owner or person who is	responsible for the	e husbandry	of the cattle.
Owner of cattle Property/place where the journey commenced		(ADDRESS)	(FULL TRADING NAM

6 Are any of the cattle in this consignment still within a Withholding Period (WHP) or Export Slaughter Interval (ESI) as set by APVMA or SAFEMEAT, following treatment with any veterinary drug or chemical?
Yes No If Yes, give details: (Record additional details in question 9)
CHEMICAL PRODUCT TREATMENT DATE WHP ESI (IF SET)
7 In the past 60 days, have any of the cattle 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:
/ /20 //20 //20 CHEMICAL PRODUCT DATE APPLIED GRAZING WHP DATE FIRST FED/GRAZED DATE FEEDING/GRAZING CEASED
 8 In the past 42 days, were any of these cattle: a) grazed in a spray risk area; or b) fed fodders cut from a spray drift risk area? (See Explanatory Notes for definition of spray drift risk area.)
Yes No If Yes Date sprayed:
Additional information. See requirements in Explanatory Notes for completing this document.
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Declaration
FULL NAME FULL ADDRESS
ADDRESS CONT. L P A
declare that, I am the owner or the person responsible for the husbandry of the cattle
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, that I have read and understood the explanatory notes, and that, while under my control, the cattle were not fed restricted animal
material (including meat and bone meal) in breach of State or Territory legislation.
Signature* Date* / /20
*Only the person whose name appears above may sign this declaration, or make amendments which must be initialled.
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