

PREGNANCY TESTING/SPAYING DECLARATION

LNC/CIN No.:		Exporter:	
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For undertaking pregnancy testing in the Northern Territory a registered veterinarian or a competent pregnancy tester, accredited by the NT Government are able to conduct pregnancy tests. For pregnancy testing in other states cattle and buffalo must only be tested by a registered veterinarian. If spaying is the preferred method, then the declaration is to be completed by the owner / manager.

Description/Identification of Stock for export Species: Cattle Other

Identification Brands/Tags/Other	Number of Head	Age	Category*	Sex**

*Category: Breeder (B); Feeder (F); Slaughter (S); Other (Describe) **Sex: Female (F); Female Spayed (F-)

(1) Declaration for Pregnancy Testing (delete if not applicable)

I, _____ (BLOCK LETTERS) being the vendor / authorised management representative of _____ (property name) declare the cattle described above and presented for export were all pregnancy tested on _____ (insert date) by _____ (insert name of registered veterinarian or competent NT Government accredited pregnancy tester) and were declared to be not detectably pregnant.

(2) Declaration for Spaying (delete if not applicable)

I, _____ (BLOCK LETTERS) being the vendor / authorised management representative of _____ (property name) declare the cattle described above and presented for export were all spayed, using the Willis dropped ovary technique, not less than thirty (30) days prior to _____ (the anticipated date of export) **OR** the cattle described above and presented for export were all spayed at least 280 days prior to _____ (insert anticipated date of export)

I declare that the cattle were pregnancy tested/spayed as per the requirements of the ASEL S1.9 (ci, cii or ciii and d)

I declare that I have attached is a list of individual identification (RFIDs) of the cattle pregnancy tested/spayed as per the Instructions of Export Advisory Notice - 2013-01 Identification and reporting of the pregnancy status of cattle sourced and presented for export.

(Signature: Person who performed Pregnancy Testing/Spaying)

(BLOCK LETTERS)

Date: _____

Accreditation Number: _____

PLEASE NOTE: You are advised that this document will be presented to an **off** Certifying Officer for the purposes of the Export Control Act No 47 of 1982 as amended. Giving false and misleading information is an offence, with penalties of up to 5 years imprisonment.

