PLEASE NOTE: You are advised that this document will be presented to an AQIS 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

LNC No: Exporter: South East Asian Livestock Exporters Pty Ltd
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## PREGNANCY TEST/SPAYING DECLARATION

For undertaking pregnancy testing in the Northern Territory a registered veterinarian or a competent pregnancy tester, accredited by the NT Governemnt are able to conduct pregnancy tests. For pregnancy testing in other states cattle and buffalo must only be tested by a registered veterinarian. If speying is the preferred method, then the declaration is to be completede by the owner / manager.

speying is the preferred method, then the de	•	•	•	
Description/Identification of Stock for ex	port to Indonesia			
Species: Cattle   Other				
Identification Brands/Tags/Other	Number of Head	Age	Category*	Sex**
*Category: Breeder (B); Feeder (F); Slaughte Spayed (F-)	er (S); Other (Describe)	**Sex:	Female (F); Fe	emale
(1) <u>Declaration for Pregnancy Testing</u> (dele	ete if not applicable)			
l,	(BLOCK LETTERS) being t	the vendor	/authorised mar	nagement
representative of	(prop	erty name	declare the cat	tle described
above and presented for export were all pregnan	cy tested on			_ (insert date)
by	(in	sert name	of registered ve	eterinarian or
competent NT Government accredited pregnanc	y tester) and were declared	d to be not	t detectably preg	gnant.
(2) <u>Declaration for Spaying</u> (delete if not app	olicable)			
Ι,	_(BLOCK LETTERS) bein	g the vend	dor / authorised	management
representative of	(prop	erty name	) declare the cat	ttle described
above and presented for export were all spayed,	using the Willis dropped o	vary techn	ique, not less th	an thirty
(30) days prior to	(the anticipated da	ate of expo	rt) OR the car	ttle described
above and presented for export were all spayed a				
		(insert tr	e anticipated da	ate of export)
I declare that the cattle were pregnancy tested / s (d) and (e) or S1.10 (c) ci, cii	spayed as per the requiren	nents of th	e ASEL S1.9 (c)	) ci, cii <u>or</u> ciii;
(Signature: Person who performed Pregnancy	/ Testing/Spaying)		(Please pint	name)
Date:	Accrediation	on Numbe	r:	