

ALLSTOCK (NSW) PTY LTD

ABN 86 099 807 191

'Chiswick', New England Highway
URALLA NSW 2358

PO Box 6049
DUBBO NSW 2830

Tel: (02) 67 78 3125 Fax: (02) 67 78 3126

ANIMAL ENTRY

ANIMAL ID: _____ EAR TAG: _____ BREED: _____

STUD OF BREEDING: _____ OWNER STUD: _____

TRADING NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ TEL: _____ FAX: _____

OWNER DECLARATION

JOHNES STATUS: _____ CERTIFICATE NO: _____

Within the last 12 months has, the above animal been in contact with or on a property infected with

Footrot	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Lice	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Scabby Mouth	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Brucella Ovis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Brucella Ovis accredited	Yes	<input type="checkbox"/>	OVAC Number:	_____	No	<input type="checkbox"/>				
Is the animal insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Last drenched: ___/___/___	Clear	<input type="checkbox"/>	White	<input type="checkbox"/>	Ivermectin	<input type="checkbox"/>	Combination	<input type="checkbox"/>	Other	<input type="checkbox"/>
Vaccinated: ___/___/___	3 in 1	<input type="checkbox"/>	5 in 1	<input type="checkbox"/>	6 in 1	<input type="checkbox"/>	Scabigard	<input type="checkbox"/>	Other	<input type="checkbox"/>
Animals current diet:	paddock	<input type="checkbox"/>	shed	<input type="checkbox"/>	Supplementary fed in paddock	<input type="checkbox"/>				
Services Required: DNA test	<input type="checkbox"/>	Semen Collection	<input type="checkbox"/>	Fertility Testing	<input type="checkbox"/>	Other:	_____			

Preferred date of completion: _____ Livestock Waybill Number: _____

ARRIVAL DATE: ___/___/___ WEIGHT: _____ DEPARTURE DATE: ___/___/___ WEIGHT: _____

NUMBER OF DOSES TO FREEZE: _____

SPECIAL CONDITIONS: _____

Signed _____ Signed _____ **xx please sign**
Allstock Representative Owner Representative

It is the Client's responsibility to read the Terms and Conditions over page.