



# The LPA NVD is your declaration and guarantee to buyers.

**Make sure it is complete and correct, so you can stand by what you sell.**

### Who is responsible for completing the LPA NVD?

- Part A:** The owner of the calves or the person responsible for the husbandry of the calves.
- Part B:** To be completed by the livestock carrier and/or the owner or person responsible for the husbandry of the calves

### Who keeps the copies?

- Top sheet:** (White) goes with the calves to the purchaser.
- Middle sheet:** (Green) goes to the carrier.
- Bottom sheet:** (Pink) stays in the book and should be kept for auditing purposes.

### How do I order copies of the LPA NVD?

- Go to [www.integritysystems.com.au/nvd](http://www.integritysystems.com.au/nvd)
- Phone 1800 683 111

### Where do I go for more information?

Go to [www.integritysystems.com.au/lpa](http://www.integritysystems.com.au/lpa)

### Do not amend the pre-printed PIC.

This NVD can ONLY be used for calves located on this PIC.

Complete all details about the livestock, who they are consigned to and their destination. Use a separate line for each different group, split by breed and sex.

Contact receiver, agent or saleyards to find out correct destination PIC.

### Only tick Yes or No in questions 1 to 6. Do not tick both.

If in doubt, tick Yes.

If some of the consignment require you to tick Yes then this applies to the entire consignment.

**NATIONAL VENDOR DECLARATION (BOBBY CALVES) AND WAYBILL** BC0720 3888888888

*For calves between 5 and 30 days of age not accompanied by their dam*

**Part A** To be completed by the owner or person who is responsible for the husbandry of the calves.

Owner of the calves David Grazier Wintergreen Pastoral Co. (FULL TRADING NAME)

Property/place where the journey commenced 'Wintergreen' RMB 123 (ADDRESS)  
Coodanable Rd Warren NSW (ADDRESS CONTINUED) (TOWN/SUBURB) (STATE)

Property Identification Code (PIC) of this property NA123456  
This MUST be the PIC of the property that the stock is being moved from

**Description of calves**

Number	Description (BREED, SEX, E.G. (FRIESIAN MIXED SEX))
12	Friesian Bull Calves
1, 2	Total Use the Attachment Forms for consignments that require more lines to describe the stock. (See Explanatory Notes)

Consigned to John Burrows, Burrows Livestock Agency (NAME OF PERSON OR BUSINESS)  
12 Main St Warren NSW (ADDRESS) (TOWN/SUBURB) (STATE)

Destination (if different) of calves Warren Saleyards Warren (TOWN/SUBURB) (STATE)

Destination PIC (REQ: WA & TAS) N, A, 2, 3, 4, 5, 6, 7

Details of other statutory documents relating to this movement e.g. health statement

DOCUMENT TYPE \_\_\_\_\_ NUMBER \_\_\_\_\_ OFFICE OF ISSUE \_\_\_\_\_ /20 EXPIRY DATE \_\_\_\_\_

**1** Have these calves been raised on a licensed dairy farm or consistent with the rules of an independently audited QA program on the property the PIC of which is shown above?  
Yes  No  If Yes, give details: D, F, S, V, I, C 1, 2, 3, 4, 5, 6  
NAME OF PROGRAM ACCREDITATION OR LICENSE NO.

**2** Has the owner stated above owned these cattle since their birth?  
Yes  No  If No, how long were the calves obtained or purchased?  
Less than 1 week  More than 1 week

**3** In the past 60 days, have any of the calves 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 FEED/GRAZED DATE FEEDING/GRAZING CEASED

**4** Have any of the calves in this consignment been treated orally, externally or by injection with a veterinary drug or chemical, including medicated feeds? (See Explanatory Notes)  
Yes  No  If Yes, list details in the following space provided

VETERINARY DRUG/CHEMICAL	CALF TREATMENT DATE	MEAT WHP (DAYS)	ESI (IF SET)
_____	_____ /20	_____	_____
_____	_____ /20	_____	_____

**5** Have any of the calves in this consignment had access to milk from cows that had been treated orally, externally or by intramammary, intramuscular or subcutaneous injection with a veterinary drug or chemical, before the milk withholding period has expired? (See Explanatory Notes)  
Yes  No  If Yes, list details in the following space provided

VETERINARY DRUG/CHEMICAL	DATE CALF LAST HAD ACCESS TO CONTAMINATED MILK	MEAT WHP OF COW (DAYS)	ESI (IF SET)
_____	_____ /20	_____	_____
_____	_____ /20	_____	_____

**6** In the past 6 months have any of these animals been on a property listed on the ERP database or placed under any restrictions because of chemical residues?  
Yes  No  If Yes, give details: \_\_\_\_\_

**7** Please include any additional information below (See Explanatory Notes)  
\_\_\_\_\_

**Declaration**

I David Grazier 'Wintergreen' RMB 123  
FULL NAME FULL ADDRESS

Coodanable Rd Warren LPA ADDRESS CONT.

declare that, I am the owner or the person responsible for the husbandry of the calves 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, I have read and understood the explanatory notes, that the calves in this consignment meet the animal welfare requirements being they are at least in their fifth (5) day of life, are fit and strong enough to be transported for sale or slaughter, and have been fed milk or milk replacer on the farm within 6 hours of transport, and that, while under my control, the calves were not fed restricted animal material (including meat and bone meal) in breach of State and Territory legislation.

Signature\* David Grazier Date\* 4 / 5 /2020  
\*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.

Tel no. 02 9463 9000 Fax no. 02 9463 9111  
Email. agrazier@email.com.au

**Part B** To be completed by the person in charge of the calves while they are being moved. Completion of this part is optional in VIC

Movement commenced: \_\_\_\_\_ /20 \_\_\_\_\_ (am/pm)

Vehicle registration number(s): \_\_\_\_\_

I \_\_\_\_\_ am the person in charge of the calves during the movement and declare all the information in Part B is true and correct.  
Signature \_\_\_\_\_ Date \_\_\_\_\_ /20 Tel no. \_\_\_\_\_

\*When more than one truck is carrying the calves, other vehicle registration numbers are to be recorded.

**Please Note:** In the case of calves sold at auction, this declaration is to be retained (original, scanned copy or summary) by the selling agent for a minimum of two (2) years, or three (3) years in WA. A copy is to be made available to any buyer of the consignment, or part of the consignment, on request.

Make sure you read and understand what you are signing, including that calves meet the animal welfare requirements and must not have been fed Restricted Animal Material (RAM).

An unsigned LPA NVD is invalid.

The livestock carrier and/or the owner of the calves or the person responsible for the husbandry of the calves should fill in Part B.