

Certificate of Health/Waybill for the entry of Stock into Queensland

WARNING

This certificate must be retained for two years.

Part A - Waybill	(Owner to complete)
Stock Act 1915 (S.22)	

Severe penalties apply for knowingly entering

Original must accompany stock to remain with the owner send to (07) 4688 1470

Full name and		bwner of stock being travelled	· _	erson or compar	ny taking delive	ry of the st	ock
			5. Full addre	ss of destination	of the stock		
. Full address o	of holding, saleyard or pl	lace of origin of the stock					
						Postcode	
			6. Name of	person and/or co	mnany in char	ne of the st	ock
		Postcode	Traine or	30.0011 4114/01 00	mpany in onais	90 01 110 01	
S. Registered PIC	of property of origin of the	ne stock					
			Telephone ()			
			7. Date move	ement is to comn	nence		
			1	1			
3. Particulars of	Stock (Full and accu	rate details of the stock must be su	ipplied below)	<u> </u>			
No. of stock	Breed	Class	Brand		No.	Ear	rmark
Troi or oron	2.000	ie. bull, cow, ram, ewe, etc.		(If different from num	ber shown in 3 above)		7
I further declared The stock:	e that the stock are from originate from a property are vendor bred are originated from a beef housed by dairy cattle or gudhne's Disease Assurate from Queensland and originated are from Queensland are	a bovine Johne's disease	Exclusion ot been known ected stock connas not introduce March 2008 uneding centre, w	cted control Low Medium or suspected to a signed for imme ced dairy cattle contess the dairy ca	diate slaughter or dairy-cross ca attle concerned	valence are at an appro attle or graz had a Dair	oved abatto zed on land ry Bovine
Owner Name in f	ull (please print)	Signatu	ıre	Dat	e Te	elephone Nu	mber
				1	/ ()	
Stock ct 1915 (S.1	1)	th (Departmental Inspector must com				gher status)	
above comply w	ith the entry conditions	for such stock to enter Queensl	and.	D	ate of Issue	/	
The stock :-	originates from a prop	perty that has Johne's disease s	status of	in a	Zone	or Area.	
(tick applicable box)	are being introduced	subject to special approved cor	nditions (specify	/):-			
		egative test or treatment as def					
		erties on which the animals h			onsidered in n	naking a d	
	Disease	Type of ⁻	Test or Treatme	nt and Result			Date
Ticks						/	
Johne's diseas	se					/	/
Other (specify)						/	/
Name (please	print)	Signature	Le	ocation	Te	elephone Nu	ımber