

# Animal Status Declaration

Ministry for Primary Industries  
Manatū Ahu Matua



**Declaration: I am the person in charge of these animals and I declare that I have read and understand the requirements for this ASD and that the information that follows is true and accurate.**

<b>Signature</b> <i>(person in charge)</i>		<b>Address animals moved from</b> <i>(Rapid number, road and town/district)</i>	<b>AHB herd no. or LIC MINDA code</b> <i>(cattle and deer only)</i>	
<b>Name</b> <i>(person in charge)</i>			<b>NAIT no.</b>	
<b>Owner/Trade name</b> <i>(if different from person in charge)</i>		<b>Owner's postal address</b> <i>(if different from above)</i>	<b>Phone</b>	
			<b>Fax</b>	
			<b>Email</b>	
			<b>Date</b> / /	

Stock type	Steer	Heifer	Cow	Bull	Lamb	Sheep	Deer	Other
Tallies								

**Description** *(e.g. breed, age, ID, etc)*

**Destination** *(e.g. name and location of processor, saleyard or farm destination)*

**1.0 Withholding periods – all animals** *(see note 1 of the requirements)*

1.1 Are any of these animals within the withholding period of any treatment? 

yes	no
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1.2 If Yes, state the product name, method of treatment and dates applied  
(NB: these animals are NOT eligible for slaughter for human consumption until outside the withholding periods)

Product name	Method of treatment	Date used
		/ /
		/ /

**2.0 Animal history – all animals** *(see note 2 of the requirements)*

2.1 Were all of these animals born on your property? 

yes	no
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2.2 Were any of these animals imported into New Zealand? 

yes	no
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2.3 Are any of these animals from either an MPI surveillance listed property or under MPI movement control for residues or any purpose other than TB? 

yes	no
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**3.0 Animal feeding – cattle, sheep, lambs, goats, deer, alpacas, llamas** *(see note 3 of the requirements)*

3.1 Have any of these animals been fed ruminant protein in their lifetime? 

yes	no
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3.2 Have any of these animals been fed ANYTHING OTHER than milk or pasture (see description of 'Pasture fed') in their lifetime? 

yes	no
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**4.0 Johne's Disease vaccination – where applicable** *(see note 4 of the requirements)*

4.1 Have any of these animals been vaccinated against Johne's disease in their lifetime? 

yes	no
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**5.0 HGP treatment – cattle** *(see note 5 of the requirements)*

5.1 Have any of these cattle been treated with a hormonal growth promotant in their lifetime? 

yes	no
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5.2 If Yes, how many of these cattle have been treated with a hormonal growth promotant in their lifetime? 

<b>Number</b>
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**6.0 TB Declaration – cattle, deer** *(see note 6 of the requirements)*

	Status	Number
6.1 What is the TB status of these animals? Enter status and index number		
6.2 Have any of these animals been tested while under your management?		yes / no
6.3 What is the <b>date</b> of the last TB test for <b>these animals</b> and was TB detected?	Date / /	yes / no
6.4 What is the <b>date</b> of the last TB test for the <b>whole herd</b> and was TB detected?	Date / /	yes / no
6.5 Is the herd under TB movement control? (If Yes, a permit is required unless going direct to slaughter)		yes / no
6.6 Are these animals being moved from a property within a Movement Control Area?		yes / no
6.7 If Yes, have these animals been tested within 60 days prior to this movement? (The 60-day test is not required if the animals are going direct to slaughter)		yes / no
6.8 Does the herd from which these animals are being moved include cattle or deer which have been introduced from a herd of lower TB status within the last three years?		yes / no

**I understand the obligations under the Animal Welfare Act of persons in charge of animals to ensure that their physical, health and behavioural needs are met in accordance with the minimum standards defined in Codes of Welfare under the Act**

**7.0 Additional information** *(see note 7 of the requirements)*

**HAVE YOU SIGNED THIS FORM AT THE TOP LEFT?**

# Atkins Ranch Quality Assurance Declaration



**REMEMBER:**

**Atkins Ranch only accepts 100% Grass Fed and Antibiotic Free Lambs.**

**Declaration:** I am the person in charge of these animals and I declare that I have read and understand the Quality Assurance ASD questions below and the information is true and accurate.

NAME:		SIGNATURE:		DATE:	
1. Are you an Atkins Ranch GAP RATED QA supplier	Yes #	Expiry Date:	<b>OR</b> A Pasture Raised QA Supplier?	Yes	No
2. Have any of the lambs in <b>this line</b> been administered antibiotics in any form?				Yes	No
3. Have any of the lambs in <b>this line</b> been fed anything other than grass, hay, silage, Lucerne or (non grain) feed crops grown in NZ?				Yes	No
4. Have any of the lambs in <b>this line</b> been fed any grain or grain by products or any imported stock feed or manufactured stock feed?				Yes	No
5. Have any of the lambs in <b>this line</b> ever been fed Lucerne?				Yes	No
6. If the answer to question 5. is yes then was the Lucerne grown on a farm in NZ?				Yes	No
7. For lambs in <b>this line</b> that were not born on your property - have you received and will you retain for a minimum of 2 years a signed copy of an appropriately completed ASD and a copy of the Atkins Ranch Quality Assurance Declaration from each of the previous owners and provided Atkins Ranch Livestock Administration with a copy.			N/A	Yes	No