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|  | pQuestions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | |
| Fields marked with asterisk (\*) are mandatory. Fields marked with caret (^) are office use only. | | | | | | | | | |
| Consignment details \* | | | | | | | | | |
| Species | | Cattle/Buffalo | | Protocol | | | Breeder | | |
| Exporter | |  | | Departure date | | |  | | |
| Vessel name | |  | | LNC | | |  | | |
| Port of departure | |  | | Country of discharge | | | Indonesia | | |
| PIC | | **Property name** | | **PIC** | | | **Property name** | | |
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| Inspector declaration^ | | | | | | | | | |
| As an inspector of livestock under the *Northern Territory Livestock Act (2008)*, I issue this certificate in accordance with Division 1A (69B) of the Livestock Regulations, in relation to the above NT properties.  After reviewing available department records, pursuant to the notification requirements under the *Livestock Act* *(2008)*, I am not aware of any reports or notifications in relation to the following diseases: | | | | | | | | | |
| **Disease** | | | | | | **Time period** | | **Status** | |
| Infection with bovine leukaemia virus (enzootic bovine leucosis) | | | | | | 3 years | | Free from clinical signs or abattoir evidence of the disease | |
| Paratuberculosis (Johne’s disease) | | | | | | 2 years | | Free from clinical signs or abattoir evidence of the disease | |
| Infection with *Anaplasma marginale* (bovine anaplasmosis) in tick free areas | | | | | | 6 months | | Free from clinical signs or known outbreaks of the disease | |
| Infection with *Babesia bovis, B. bigemina* or *B. divergens* (bovine babesiosis) in tick free areas | | | | | |
| Infection with *Bacillis anthracis* (Anthrax) | | | | | |
| Bluetongue (clinical disease) | | | | | |
| Infection with alcelaphine herpesvirus-1 (malignant catarrhal fever, wildebeest-associated) | | | | | |
| Infestation with *Cysticerous bovis* (Taenia saginata) | | | | | |
| Infection with bovine virus diarrhoea virus (type 2) | | | | | |
| I confirm that the properties are located within the Cattle Tick Infected or Parkhurst Cattle Tick Infected Zone.  I confirm that the properties listed above are under government veterinary surveillance and currently free from quarantinable diseases, and that cattle/buffalo from these properties are free to move within Australia. | | | | | | | | | |
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| **Inspector name** | | | **Position** | | **Signature** | | | | **Date** |
| **End form** | | | | | | | | | |