



Livestock Shipping Services Pty Ltd  
 E Export@liveships.com.au  
 P 08 9368 1933 F 08 9368 1966

## PREGNANCY TEST/SPAYING DECLARATION

### PREGNANCY TEST/SPAYING DECLARATION

For undertaking pregnancy testing in Australia a registered veterinarian or a competent pregnancy tester, accredited by the NT Government are able to conduct pregnancy tests. For pregnancy testing in other states cattle and buffalo must only be tested by a registered veterinarian. If spaying is the preferred method, then the declaration is to be completed by the owner / manager.

#### Description/Identification of Cattle for Export

Identification Brands/Tags/Other	Number of Head	Age	Category*	Sex**

\*Category: Breeder (B); Feeder (F); Slaughter (S); Other (Describe) \*\*Sex: Female (F); Female Spayed (F-)

#### (1) Declaration for Pregnancy Testing (delete if not applicable)

I, \_\_\_\_\_ (BLOCK LETTERS) being the vendor / authorised management representative of \_\_\_\_\_ (property name) declare the cattle described above and presented for export were all pregnancy tested on \_\_\_\_\_ (date) by \_\_\_\_\_ (insert name of registered veterinarian or competent NT Government accredited pregnancy tester) and were declared to be not detectably pregnant.

#### (2) Declaration for Spaying (delete if not applicable)

I, \_\_\_\_\_ (BLOCK LETTERS) being the vendor / authorised management representative of \_\_\_\_\_ (property name) declare the cattle described above and presented for export were all spayed, using the Willis dropped ovary technique, not less than thirty (30) days prior to \_\_\_\_\_ (the anticipated date of export) OR the cattle described above and presented for export were all spayed at least 280 days prior to \_\_\_\_\_ (insert the anticipated date of export)

I declare that the cattle were pregnancy tested / spayed as per the requirements of the ASEL V3.0 S1.4.5, for Feeder and Slaughter cattle or S1.4.6 for Breeder Cattle.

\_\_\_\_\_  
Signature: Authorised representative

\_\_\_\_\_  
Name

\_\_\_\_\_  
Pregnancy tester/spaying Name

\_\_\_\_\_  
Accreditation Number