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| **HORSE VENDOR DECLARATION (HVD) <<*serial number xxxx*>>****AND WAYBILL (TRANSPORTED STOCK STATEMENT)** Where the answers to questions in Part B are not the same for each horse in the consignment, then complete a separate HVD as required.**PART A: To be completed by Vendor (owner only)** **1.** **Full Name and postal address of the owner of horses covered by this vendor declaration**

|  |
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**2.** **Full address of place or property of origin of the horses (Show full location details including property name, number (if issued) and access road district and postcode)**

|  |
| --- |
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**3. Registered property identification code (PIC) (if issued)**

|  |
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|  |

**4. Particulars of horses (Full and accurate details of the horses must be supplied below. Indicate horses that have been micro chipped).** If the space below is insufficient, attach additional sheet/s with same column headings (i.e. if need >3 rows) and include the serial number of this HVD on each attachment sheet. Ensure you sign each additional sheet on completion.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | Colour | Description/ sex (mare, gelding etc) | Microchip | Identification (Collar number) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total number of horses |  |  |

|  |  |  |
| --- | --- | --- |
| **Consigned to** |  |  |
|  | (Name of person or business) |  |
|  |  |  |
| (address) | (suburb/town) | (State) |

|  |  |  |
| --- | --- | --- |
| **Destination (if different) of horse/s:** |  |  |
|  | (full address) |  |

**Part B: Vendors are to answer all questions below in the space provided and include any further information if deemed necessary**

|  |  |  |
| --- | --- | --- |
| **Feral Horses Only (Public Health Questions):** |  **Yes** |  **No** |
| **5a.** **Are the horses covered by this declaration feral (i.e. brumbies)?** If ‘No’ go to Q6.If ‘Yes’, for how long have you owned the horses? |  |  |
| **5b. Has/have the horse/s been sick in the last 21 days?** (Answer ‘Yes’ for ‘Don’t Know’)If ‘Yes’, provide details:**5c. Has/have the horse/s been in contact with a sick or dead horse, or a horse diagnosed with Hendra virus within the last 6 months?** (Answer ‘Yes’ for ‘Don’t Know’) If ‘Yes’, provide details: |  |  |

**HVD Version Number: 2017/02, Page 1** |

|  |  |  |
| --- | --- | --- |
| **Domestic Horses only:** | **Yes** | **No** |
| **6a. If ‘No’ to Q5a, (i.e. domestic horses) have the horses covered by this declaration been owned by you for the last 6 months or more?** If ‘No’ attach previous owner’s HVD.For how long have you owned the horses if it is < 6 months? | □ | □ |
| **6b. Have the horses covered by this declaration been resident in Australia for the last 6 months (or for their lifetime if less than 6 months old)?** |  |  |
| **7. Do all the horses covered by this declaration carry individual unique identification i.e. uniquely numbered neck collars specific to the establishment?** | □ | □ |
| **8.** **Have any of the horses covered by this declaration been treated with any drug or chemical in the last 6 months?**(Answer ‘Yes’ for ‘Don’t Know’)If ‘Yes’ attach details (i.e. chemical product, treatment date, and all label withholding periods (WHP), directions or restraint statements that mention horses). | □ | □ |
| **9.** **Have any of the horses in this consignment been treated with any drug or chemical listed in the Explanatory Notes Q9?**(Answer ‘Yes’ for ‘Don’t Know’) | □ | □ |
| **10.** **Have any of the horses covered by this declaration been treated with hormonal growth promotants or beta-agonists listed on the back of this page?**(Answer ‘Yes’ for ‘Don’t Know’) | □ | □ |
| **11a. Has/have the horse/s been sick in the last 21 days?****If ‘Yes’, provide details:**(Answer ‘Yes’ for ‘Don’t Know’) | □ | □ |
| **11b. Has/have the horse/s been in contact with a sick or dead horse, or a horse diagnosed with Hendra virus within the last 6 months?** **If ‘Yes’, provide details:**(Answer ‘Yes’ for ‘Don’t Know’) | □ | □ |

**Declaration**

|  |
| --- |
| *Please tick the acknowledgment check box in this section after you have read the declaration to complete the form.* * **HORSE VENDOR DECLARATION**

*I ...........................................................................................................................................* *(Print full name) (Print full address)**as the owner understand that this information is being provided to a Commonwealth entity. I hereby declare that the statements contained in this declaration and any associated documentation provided in support of this declaration are true and not misleading in any respect. I acknowledge that there are penalties for deliberately making a false or misleading statement.* |
|  |  |  |  |
| **Signature\*:** |  | **Date:** |  **/ /20** |
| \*Only the person whose name appears above may sign this declaration or make amendments which must be initialled |
|  |  |  |  |
| **Tel no:** |  | **Fax no:** |  |

**Part C: To be completed by the person in charge of the horse/s while they are being moved. Completion of this part is optional in SA, TAS and VIC.****Movement commenced: \_\_\_\_/\_\_\_\_/20\_\_\_\_\_ : (am/pm)** **Vehicle registration number(s)\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the person in charge of the horse(s) during the movement and declare that all the information in Part C is true and correct.****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*when more than one vehicle is carrying the horses, other vehicle registration numbers are to be recorded. |

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| **Product Name** | **Actives** |
| ANABOLIC BD INJECTION | BOLDENONE UNDECYLENATE  |
| ANABOLIC DN INJECTION | NANDROLONE CYPIONATE  |
| ANABOLIC NA INJECTION | METHANDRIOL DIPROPIONATE / NANDROLONE CYPIONATE  |
| ANABOLIC ST INJECTION | STANOZOLOL  |
| ANABOLIC TL INJECTION | TESTOSTERONE CYPIONATE  |
| ANABOLIC TS INJECTION | TESTOSTERONE  |
| DEPOLUTEINE 100 OILY INJECTION | HYDROXY PROGESTERONE HEXANOATE  |
| DURATESTON INJECTION OF MIXED TESTOSTERONE ESTERS | TESTOSTERONE DECANOATE / TESTOSTERONE ISOCAPROATE / TESTOSTERONE PHENYLPROPIONATE / TESTOSTERONE PROPIONATE  |
| FILYBOL ANABOLIC INJECTION FOR FILLIES MARES & COLTS | METHANDRIOL DIPROPIONATE / NANDROLONE DECANOATE  |
| HYDROXY P 500 HYDROXYPROGESTERONE INJECTION | HYDROXYPROGESTERONE CAPROATE  |
| HYDROXY-E INJECTION FOR HORSES | HYDROXY PROGESTERONE HEXANOATE / OESTRADIOL BENZOATE / OESTRADIOL VALERATE  |
| ILIUM ANADIOL DEPOT INJECTION | METHANDRIOL DIPROPIONATE  |
| ILIUM BOLDEBAL-H INJECTION | BOLDENONE UNDECYLENATE  |
| ILIUM STANABOLIC ANDROGENIC-ANABOLIC STEROID INJECTION | STANOZOLOL  |
| JUROX PROGESTERONE INJECTION | PROGESTERONE  |
| LAURABOLIN 25 MG/ML ANABOLIC STEROID FOR INTRAMUSCULAR OR SUBCUTANEOUS INJECTION | NANDROLONE LAURATE  |
| LAURABOLIN 50 MG/ML ANABOLIC STEROID FOR INTRAMUSCULAR OR SUBCUTANEOUS INJECTION | NANDROLONE LAURATE  |
| LUTOGESTON LONG ACTING PROGESTERONE | HYDROXY PROGESTERONE HEXANOATE  |
| NITROTAIN ORAL PASTE SHORT-ACTING ANABOLIC STEROID FOR HORSES | ETHYLOESTRENOL  |
| NV PROCYTE DEPO OILY INJECTION | HYDROXY PROGESTERONE HEXANOATE  |
| NV SA INJECTION | HYDROXYPROGESTERONE CAPROATE / OESTRADIOL DIPROPIONATE  |
| REEPAIR ANABOLIC STEROID OILY INJECTION | HYDROXY PROGESTERONE HEXANOATE / NANDROLONE DECANOATE / OESTRADIOL DIPROPIONATE  |
| RWR 4 FILLIES OILY ANABOLIC INJECTION FOR FILLIES AND MARES | METHANDRIOL DIPROPIONATE / NANDROLONE PHENYLPROPIONATE  |

|  |  |
| --- | --- |
| **Product Name** | **Actives** |
| RWR ANAVITE ORAL ANABOLIC VITAMINS & CALCIUM POWDER | CALCIUM CARBONATE / GLUCOSE / METHANDRIOL DIPROPIONATE / VITAMIN B1 HYDROCHLORIDE = THIAMINE HYDROCHLORIDE / VITAMIN B2 = RIBOFLAVIN / VITAMIN B3 = NICOTINAMIDE / VITAMIN B5 CALCIUM SALT = CALCIUM PANTOTHENATE / VITAMIN B6 HYDROCHLORIDE = PYRIDOXINE HYDROCHLORIDE / VITAMIN E-D = ALPHA TOCOPHEROL-D / YEAST DRIED  |
| RWR BOLDENONE OILY INJECTION | BOLDENONE UNDECYLENATE  |
| RWR CALM-P OILY INJECTION | HYDROXY PROGESTERONE HEXANOATE  |
| RWR DECA 50 OILY INJECTION | NANDROLONE DECANOATE  |
| RWR DRIVE OILY INJECTION | BOLDENONE UNDECYLENATE / METHANDRIOL DIPROPIONATE  |
| RWR LIBRIOL OILY INJECTION | METHANDRIOL DIPROPIONATE / NANDROLONE PHENYLPROPIONATE  |
| RWR NOVATROL OILY INJECTION | HYDROXYPROGESTERONE CAPROATE / NANDROLONE DECANOATE / OESTRADIOL DIPROPIONATE  |
| RWR PROTABOL OILY INJECTION | METHANDRIOL DIPROPIONATE  |
| RWR SPECTRIOL OILY INJECTION | METHANDRIOL DIPROPIONATE / NANDROLONE PHENYLPROPIONATE / TESTOSTERONE CYPIONATE / TESTOSTERONE HEXAHYDROBENZOATE / TESTOSTERONE PROPIONATE  |
| RWR STANAZOL SUSPENSION INJECTION | STANOZOLOL  |
| RWR TESTOSTERONE SUSPENSION 100 INJECTION | TESTOSTERONE  |
| RWR TISSUE REPAIR OILY INJECTION | HYDROXY PROGESTERONE HEXANOATE / NANDROLONE DECANOATE / OESTRADIOL DIPROPIONATE  |
| SYBOLIN ANABOLIC STEROID FOR EQUINES | BOLDENONE UNDECYLENATE  |
| TRIBOLIN 75 POTENT, LONG-ACTING ANABOLICS FOR GELDINGS | METHANDRIOL DIPROPIONATE / NANDROLONE DECANOATE  |
| VR TESTOPROP SHORT ACTING ANDROGENIC STEROID OILY INJECTION | TESTOSTERONE PROPIONATE  |

This list was correct at the time of publication and may be subject to change.

**HVD Version Number: 2017/02, Page 2**

**Explanatory notes:**

**Background**

Owners are strongly encouraged to provide a correctly completed copy of this document (HVD) for all horses they move to another property or offer for sale, and to request a correctly completed copy when buying horses.

**General**

Answer all items accurately. Any false, misleading or unverified statements may result in prosecution and/or civil action. If you rely on the document to verify future claims about purchased horses, then the horses should be identifiable against their accompanying document.

**PART A**

*Part A and Part B are only to be completed by the owner of the horse/s.*

**Question 1-3: Address and/or PIC (Property Identification Code) of property of origin (place where the journey commenced).**

The address and PIC of the property/place where the journey commenced must be recorded regardless of the length of time the horses have resided on the property/place.

If the horses were walked to yards on another property exclusively for the purpose of loading at the commencement of this journey, do not record the PIC of the property on which the horses were loaded. In such instances, record the PIC of the property of last residence.

*A new vendor declaration should be completed if the horses have been purchased and/or moved to a new property, and then despatched to a saleyard or other destination.*

**Question 4: Particulars of horses**

If there is insufficient space, attach the required information on an additional sheet in the same format (columns) and sign each additional sheet on completion. Ensure that the total number of horses being sold is put in the “Total” box.

Indicate if horses have Microchip devices with device number and type if known (e.g. FDX or HDX). Also include any clearly visible identifying features (e.g. specific colourings on socks, clearly legible brands or tattoos)

Vendors identifying purchased horses using collars with unique numbers should attach the list of collars to the original and both copies of this declaration.

**Consigned to:** The name and address of the person or business to whom the horses are being sent

**Destination (if different) of horses:** Provide the final address the horses are being transported to if different to the consigned to address.

**Details of other statutory documents**

If there are other documents relating to this movement e.g. additional sheets of descriptions of horses, permits, animal health certificates, animal health statements, the words “Attachment to the vendor declaration [serial number]...” must be on every additional document. Additional document(s) must be attached to the original declaration and both copies.

**PART B**

**Question 5a: Are the horses covered by this declaration feral (i.e. brumbies)?**

IF you answer ‘Yes’, potentially the horse/s is/are EU eligible depending on subsequent answers. The individual animal identification is not required for feral horses. If you answer ‘Yes’, record the length of time the horses were owned by you before slaughter (e.g. 3 days, 2 weeks etc).

If you answer ‘No’, potentially the horse/s is/are EU eligible depending on the subsequent answers.

**Question 5b : Has/have the horse/s been sick in the last 21 days?**

If you answer ‘Yes’, the official veterinarian will determine if the horse/s is/are suitable for slaughter. If you answer ‘No’, potentially the horse/s is/are suitable for slaughter depending on subsequent answers. If you ‘DON’T KNOW’, you must answer ‘YES’.

**Question 5c: Has/have the horse/s been in contact with a sick or dead horse, or a horse diagnosed with Hendra virus within the last 6 months?**

If you answer ‘Yes’, the official veterinarian will determine if the horse/s is/are suitable for slaughter. If you answer ‘No’, the horse/s is/are suitable for slaughter. If you ‘DON’T KNOW’, you must answer ‘YES’.

**Question 6a: If ‘No’ to Q5a, (i.e. domestic horses) have the horses covered by this declaration been owned by you for the last 6 months or more?**

If you answer ‘Yes’, potentially the horse/s is/are EU eligible depending on subsequent answers.

If you answer ‘No’, record the length of time the horses were owned by you and must provide the original HVD/s completed and signed by previous owner/s who owned the horses for 6 months or more confirming the treatment history of the horses for the last six months prior to slaughter.

**Question 6b: Have the horses covered by this declaration been resident in Australia for the last 6 months (or for their lifetime if less than 6 months old)?**

All horses must have stayed in Australia in the last 6 months prior to the slaughter to be eligible for EU market i.e. the horses must not have travelled anywhere outside the Australia in the last 6 months prior to the slaughter. If you answer ‘Yes’, potentially the horse/s is/are EU eligible depending on subsequent answers. If you answer ‘No’, the horse/s is/are **not EU eligible**.

**Question 7: Do all the horses covered by this declaration carry individual identification, e.g. uniquely numbered neck collars?**

If you answer ‘Yes’, potentially the horse/s is/are EU eligible depending on subsequent answers. If you answer ‘No’, the horse/s is/are **not EU eligible**.

**Question 8: Have any of the horses covered by this declaration been treated with any drug or chemical in the last 6 months?**

Answer ‘YES’, if you ‘DON’T KNOW’

If you answer ‘Yes’, the official veterinarian will assess the suitability based on the documentation supplied. If you answer ‘No’, potentially the horse/s is/are EU eligible depending on subsequent answers.

If you answer ‘Yes’, detail any drugs or chemicals known to have been administered orally, by injection or to the skin, including antibiotics, vaccines, wormers and externally applied insecticides, but exclude vitamin and mineral treatments unless they have a withholding period (WHP) statement on the label. Include details of all label withholding periods (WHP), directions or restraint statements that mention horses. For any treatment which does not have any WHP information as above, indicate “none given”. If you cannot supply any documentation (on answering ‘Yes’) for the treatment history, the horses are **not EU eligible**.

**Question 9: Have any horses in this consignment been treated with any drug or chemical listed below?**

If you answer ‘Yes’, the horse/s is/are not EU eligible. If you answer ‘No’, potentially the horse/s is/are EU eligible depending on subsequent answers.

Answer ‘YES’ if a horse has been treated with a veterinary product containing: *Aristolochia* spp. and preparations thereof, Chloramphenicol, Chloroform, Chlorpromazine, Colchicine, Dapsone, Dimetridazole, Metronidazole, Nitrofurans (including furazolidone, nitrofurazone) or Ronidazole.

The following products containing the above ingredients are registered for use on horses. (If any of these have been used answer ‘YES’ to question 9):

|  |  |
| --- | --- |
| Registered Product Name | Ingredient of concern |
| Apex **Ear Drops** – Antibiotic and Insecticidal | nitrofurazone |
| Ilium **Dermapred** Topical Ointment | nitrofurazone |
| **Imflamol** Antibacterial Anti-Inflammatory Anti-Fungal Ointment | nitrofurazone  |
| **Metrin Solution** | metronidazole |
| **Nitrofurazone Cream** Anti-Bacterial Cream for Horses | nitrofurazone |
| VR **Prednoderm** Dermal Ointment | nitrofurazone |

Answer ‘YES’ if horse/s has/have been treated with any of the prohibited products listed on the back of vendor declaration form. If you ‘DON’T KNOW’, you must answer ‘YES’

**Question 10: Have any of the horses covered by this declaration been treated with hormonal growth promotants or beta-agonists listed on the back of HVD?**

If you answer ‘Yes’, the horse/s is/are not EU eligible. If you answer ‘No’, potentially the horse/s is/are EU eligible depending on subsequent answers. If you ‘DON’T KNOW’, you must answer ‘YES’.

Answer ‘YES’ if a horse has been treated with a hormonal growth promotant or beta-agonist. No hormonal growth promotant products are currently registered for use on horses. Examples of hormone growth promotants include products containing trenbolone acetate, oestradiol, progesterone, testosterone and zeranol. Examples of beta-agonists include products containing clenbuterol or ractopamine (Paylean).

**HVD Version Number: 2017/02, Page 3**

**Question 11a: Has/have the horse/s been sick in the last 21 days?**

If you answer ‘Yes’, the official veterinarian will determine if the horse/s is/are suitable for slaughter. If you answer ‘No’, potentially the horse/s is/are suitable for slaughter depending on subsequent answers. If you ‘DON’T KNOW’, you must answer ‘YES’.

**Question 11b: Has/have the horse/s been in contact with a sick or dead horse, or a horse diagnosed with Hendra virus within the last 6 months?**

If you answer ‘Yes’, the official veterinarian will determine if the horse/s is/are suitable for slaughter. If you answer ‘No’, the horse/s is/are suitable for slaughter. If you ‘DON’T KNOW’, you must answer ‘YES’.

**Declaration**

Signing this declaration has legal significance. Regulatory authorities may take legal action, and purchasers may seek damages if any information is incorrect. Before signing you must be absolutely satisfied you understand all elements of the document, and these explanatory notes.

**PART C**

The carrier (or driver where applicable) must complete this part and sign it. When more than one vehicle is carrying the horses, all vehicle registration numbers are to be recorded. If there is insufficient space to record all the vehicle registration numbers an additional document must be attached to the original and all copies. Some state regulatory authorities will require a copy of the vendor declaration/waybill to travel with each individual vehicle. If any information is incorrect, the regulatory authorities may take legal action. Completion of this part is optional within South Australia, Tasmania and Victoria.

**Privacy Notice**

*Personal information* means any information or opinion about an identified, or reasonably identifiable, individual. Your personal information is being collected by us for verification and traceability purposes and on behalf of the Department of Agriculture and Water Resources. The Department of Agriculture and Water Resources is authorised to collect this information under the *Export Control Act 1982*. If the relevant personal information is not provided by you, we will not be able to verify the accuracy of the information provided on the declaration and the Department of Agriculture and Water Resources will be unable to fulfil international market access arrangements, which may prevent the animals described from being processed.

Personal information may be disclosed by us and the Department of Agriculture and Water Resources to other Australian government agencies and overseas persons or organisations, including auditors in importing countries, where necessary for the purposes, provided the disclosure is consistent with relevant law, including the *Privacy Act 1988*. Your personal information will be used and stored by us and the Department of Agriculture and Water Resources in accordance with the Privacy Principles.

By completing and submitting this declaration, you consent to our collection of your personal information on behalf of the Department of Agriculture and Water Resources and the disclosure of all personal information contained in this declaration to importing countries. Neither we nor the Department of Agriculture and Water Resources have taken steps to ensure that importing countries do not breach the Privacy Principles. This means that importing countries will not be accountable under the *Privacy Act 1988*, you will not be able to seek redress under the *Privacy Act 1988* and you may not be able to seek redress in the overseas jurisdiction. Importing countries may not be subject to any privacy obligations or to any principles similar to the Privacy Principles.

To contact us or the Department of Agriculture and Water Resources about your personal information or to make a complaint:

*<< Add establishment contact details* >>

The Department of Agriculture and Water Resources’ [Privacy Policy](http://www.daff.gov.au/about/accessing-information/foi/ips/operational-information/privacy-policy), including information about access to and correction of your personal information is available on the departmental website at [privacy policy](http://www.daff.gov.au/about/accessing-information/foi/ips/operational-information/privacy-policy):

<http://www.agriculture.gov.au/about/privacy>

To contact the Department of Agriculture and Water Resources about your personal information or to make a complaint:

Telephone: Switchboard +61 2 6272 3933
Email: privacy@agriculture.gov.au
Post: Privacy Contact Officer,
Department of Agriculture and Water Resources
GPO Box 858, Canberra ACT 2601.

**HVD Version Number: 2017/02, Page 4**