Movement Record

| Please note this movement record is requersons supplying stock to an event and | AUSTRALIA Movement record number | |
|--|--|---------------------------------------|
| or a maximum [Á2 yrs from date of reco | Office Use Only: | |
| Proposed movement date | | |
| | | |
| Person completing movement r | ecord | |
| ull name of the person completing the m | novement record. | |
| irst name/s | Last name | |
| | | |
| Origin of designated animal | | |
| address (including "Name of place" if app | olicable) of the holding, saleyard or place of d | leparture of the designated animal/s. |
| lame of place | | |
| | | |
| ddress | | |
| | | |
| | | Postcode |
| | | |
| Destination details | | |
| full name of the person (livestock owner) |) taking receiving the designated animal/s. | |
| irst name/s | Last name | |
| | | |
| Organisation/trading name | | |
| | | |
| address of the destination (including " | 'Name of place" if applicable") | |
| lame of place | | |
| | | |
| ddress | | |
| | | |
| | | Postcode |
| | | |
| Mobile | Business hours telephone | After hours telephone |

Particulars of designated animal(s)

A description of the designated animal with any distinguishing marks or features sufficient to be able to identify the designated animal being moved.

| No. of stock | Breed | Class (e.g. bull, mare etc) | Identification marks ¹ | F (othe | Property Identification Code (PIC) (other PICs for non-vendor breed sheep and goats) | | | | | | | | |
|--|-------|-----------------------------|--------------------------------------|------------|--|--|--|--|--|--|--|--|--|
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| | | | brand, earmark, or microchip number. | | | | | | | | | | |
| State the cattle tick risk minimisation requirements that have been met for low risk carriers moving between Queensland cattle tick zones. Low risk carriers include horses | | | | | | | | | | | | | |
| _ | | | | | | | | | | | | | |
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| Declaration I declare that the livestock described above are in good health and are not showing signs of illness during the 3 days leading up to attendance at this event.' | | | | | | | | | | | | | |
| Full name of person completing form | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Signature | | | Date | Phone nur | nber | | | | | | | | |
| | | | | | | | | | | | | | |

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