

# Movement record

Movement record number  
*Special designated animals only*<sup>2</sup>

Please note this movement record is a guide only. You may keep a movement record in any format that captures the required information. Examples include but are not limited to diaries, log books, emails, or other industry documents (that are species specific) such as National Vendor Declarations (NVDs), horse health declarations, or Pig Passes.

## Proposed movement date

## Person completing movement record

Full name of the person completing the movement record.

First name/s

Last name

## Origin of designated animal

Address (including "Name of place" if applicable) of the holding, saleyard or place of departure of the designated animal/s.

Name of place

Address

Postcode

## Destination details

Full name of the person taking receiving the designated animal/s.

First name/s

Last name

Organisation/trading name

## Address of the destination (including "Name of place" if applicable)

Name of place

Address

Postcode

Mobile

Business hours telephone

After hours telephone

<sup>2</sup> Special designated animals include: cattle, sheep, goats, pigs, bison, buffalo, alpacas, llamas.

## 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, ram, mare, sow)	Identification marks <sup>1</sup>	Property Identification Code (PIC) (other PICs for non-vendor breed sheep and goats)							

<sup>1</sup> Identification marks may include, but are not limited to, animal colour, brand, earmark, or microchip number.

## Cattle tick risk minimisation requirements (low risk carriers only)

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, camels, sheep, goats, llamas, alpacas, vicunas, guanacos.*


## Declaration *Special designated animals only*<sup>2</sup>

Full name of person completing form

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Signature

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Date

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Phone number

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