

Sign and fax/email this form to the point of entry:

Kununurra Fax +61 (0)8 9166 4067 or +61 (0)477 757 185 (after hours)

Kalgoorlie Email InterstateLivestockKununurra@agric.wa.gov.au
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Perth Fax +61 (0)8 9334 1880

Email InterstateLivestockPerth@agric.wa.gov.au

Note: A signed copy must accompany the stock.

Declaration of Re-entry

Ruminants and camelids returning to Western Australia within 49 days of departure

Biosecurity and Agriculture Management Act 2007 (BAMA) and Regulations 2013

This declaration provides evidence that the described stock are returning to Western Australia within 49 days of departing the State and are eligible for re-entry in relation to Johne's disease (cattle, deer, goats, camelids) and virulent footrot (sheep and goats) and is to be attached to the Health certificate for movement of stock to Western Australia (Form LB 1). It does not provide evidence for exemption from tests or treatment for liver fluke.

Animai species	Number	Sex	Age	official name/s of registered animal/s)	identification code (PIC)	
l,				of		
Town: State/Territory:				itory:	Postcode:	
Telephone:						
•				lare that these animals departed Western A		
on (date), and are returning on (date), and have been:						
(Select the box/es below that	• /					
transported only in vehicles	s which ha	ad been	thoro	ughly cleaned since carrying other animals		
☐ if sheep or goats, kept sep	arate at al	ll times f	rom c	other sheep or goats known or suspected to	have footrot	
☐ if cattle, kept isolated at all ti	mes from	cattle tha	at wer	e not Johne's Beef Assurance Score 8 (J-BAS	S 8)	
if cattle, deer, goats or cam the current requirements for (form LB 1)	nelids, kep or entry int	ot isolate to WA as	ed at a s liste	all times from other ruminants and camelids d on the Health certificate for movement of	that do not meet stock to WA	
				wn or suspected to be infected with ovine Jograzed by sheep not known or suspected to		
— holding vards that were eitl	her thorou d of time th	ighly cle nat inclu	aned des th	s only to pens, sheds, watering places, lanever or covered to prevent contact with faecal contact with the contac	ontamination or	
Declared at				thisday of	20	
Signature of person making the declaration			Signature of witness (witness must be a registered Commonwealth elector)			
Name of witness (block letters):				Telephone:		
Address:					Postcode:	