## Farmed Mammal Supplier Statement - Petfood Combined Form

Ministry for Primary Industries

Manatū Ahu Matua



This statement is made for the purposes of clause 7.5 of the Animal Products Notice

## The Notes are available separately for the completion of this side of the combined form

s	uppliers Name Trading Name		
ξ Fa	arm ID Farm Location		e
Filds P	hysical Address See	Note 1	
	Species or Type Tally Age & Sex Unique Identifier (mark, brand, tag)	See No	ote 2
1	Farmed Mammal History (see Note 3 and 4)	Yes	No
1.1	Are any of these animals within the meat withholding period for any veterinary medicine administered by you or a previous owner? If <b>No</b> , go to next question, if <b>Yes</b> , describe the treatment accurate below and contact your petfood operator for further advice.		
	Animal ID Veterinary Medicine Last Administered Withhol	ding Pe	eriod
		Yes	No
1.2	Were these animals born on your property? If No, go to next question, if Yes go to question 2.1		
1.2	Have you farmed these animals for 60 days or more? If <b>No</b> , go to next question, if <b>Yes</b> go to question 2.1		
1.3	Have you retained the correctly completed Supplier Statement(s) covering the previous 60 days history. If <b>No</b> , the animals are not eligible for petfood processing, if <b>Yes</b> go to question 2.1		
2	Farmed Mammal Special Procurement Conditions (see Note 5)	Yes	No
2.1	Are any of these animals under MPI movement controls for residues, for any purpose other than Tb?		
2.2	Are any of these animals subject to any residue suspect list?		
2.3	Are any of these animals subject to any national disease surveillance suspect list?	Ц	
2.4	Have any of these animals been imported live into New Zealand?		
2.5	Are any cattle or deer supplied confirmed reactors to a Tb test?		
2.6	Are any cattle or deer supplied from a Tb status Infected (I) farm?		
2.7	Have any of the animal(s) supplied ever been fed meals containing ruminant protein?		
2.8	Have any cattle, deer, lamb or goats supplied been vaccinated against Johne's disease?		
3	Farmed Mammal Poison Use / Chemical Contaminants (see Note 6)	Yes	No
3.1	Have you any reason to suspect that these animals may have been exposed to any poison within the time frames for that type of poison or to any other environmental chemical contaminant? If <b>Yes</b> , describe accurately:		
3.2	Have these animals at any time in the last 60 days been resident on land outside your direct management control? If <b>Yes</b> , you must obtain and attach a Poison Use Statement for the land concerned		
4	Farmed Mammal Health Status (see Note 7)	Yes	No
4.1	Are these animals alive and generally fit and healthy at the time of presentation to the petfood operator? If <b>No</b> , then these animals are not suitable for petfood processing		
4.1	Is the animal "down"? If Yes, identify the animal and describe the reason accurately:		
4.1	Is the animal injured? If <b>Yes</b> , identify the animal and describe the injury accurately:		
by th	ofirm that all statements made in this document are true and correct. I am aware that the details provided will be received be petfood primary processor and may be provided to the Ministry for Primary Industries for the general administration of the that happening (see Note 8).	l and re its func	etaine tions.
	plier signature: Date:		