

Livestock Biosecurity Form LB 7

Sign and email this form to the point of entry: Kalgoorlie

Tel: +61 (0)8 9093 4819 or +61 (0)417 957 234 Email: <u>LivestockKalgoorlie@dpird.wa.gov.au</u>

Kununurra

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Perth Tel: +61 (0)8 9334 1800

Email: LivestockPerth@dpird.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, sheep, deer, goats, camelids) and virulent footrot (sheep and goats) and is to be attached to the <u>Health certificate for movement of stock to</u> Western Australia (Form LB 1). It does not provide evidence for exemption from tests or treatment for liver fluke.

Animal species	Number	Sex	Age	Description and identification (include official name/s of registered animal/s)	Property identification code (PIC)
				of	
own:			S	tate/Territory: Posto	ode:
elephone:			E	mail:	
=			ve, de	clare that these animals departed Westerr	n Australia on
date)	_, and are	retur	ning o	n (date) , and w	nile out of
estern Australia have been (s	select all	box/e	s belo	ow that apply):	
\square transported only in vehicle	es which h	nad be	en the	proughly cleaned since carrying other anin	nals,
if sheep or goats: kept s have footrot,	eparate a	t all tir	nes fr	om other sheep or goats known or suspec	ted to
kept separate from (that is with Johne's disease. Cor				t with) livestock suspected or known to being held in the same pen,	infected
grazed solely on pasture infected with Johne's dise		•	•	usly grazed by livestock known or suspec ths	ted to be
	rds that ha	ad bee	en eith	k are allowed access only to pens, sheds, er thoroughly cleaned since holding other	
Declared at				_ this day of	20
Signature of person making	the decl	aratio	n	Signature of witness	
Name of witness (block letters):			Telephone:		
Addross:				Postcodo:	