**Pre-Purchase Checklist Date completed…………………..**

**Ask your agent or supplier to confirm the following information.**

Number and class of animals to be purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_

**Vendor details:**

Trading name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAIT number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the animals pass through saleyards prior to arrival? Yes No

* If yes: Saleyards:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of trucking company transporting animals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor’s vet’s business name and phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General**

* Ask your agent or supplier to provide a list of the animals available for purchase confirming description and required identification
* Before the animals leave the farm of origin or saleyards have they been checked to see that:
  + They are visually healthy (eg free from lameness, swollen joints (arthritis), eye discharges, conjunctivitis, respiratory disease, diarrhoea, ear infections, skin lesions eg ringworm)

Yes No

* + They meet the agreed body condition score or liveweight targets in the contract

Yes No

* + The have not been disbudded, dehorned, or castrated in the last 7 days

Yes No

* If the animals are pregnant, have you been advised of calving dates? Yes No

**Bovine Tuberculosis (TB)** – notifiable bacterial disease that can also affect people.

* Have you checked the TB status of the animals? Yes No

**Bovine Viral Diarrhoea (BVD)** – viral disease causing infertility, abortion, and decreased immunity. Calves born to infected dams may be Persistently Infected (PI).

* What is the BVD status of the animals? Positive Unknown Negative
  + Have they been tested to confirm they are not PI carriers of the virus? Yes No
  + If yes, ask your agent or supplier to provide a certificate of this.
* Have the animals been vaccinated against BVD? Yes No
  + If yes: Vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What is the BVD testing status of the source herd? Bulk milk test Animal testing

**Leptospirosis** – bacterial disease, a health and safety risk for people on farm, and a cause of reproductive failure in cattle and a decrease in milk production.

* Have the animals been vaccinated against Leptospirosis? Yes No
  + If yes: Vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the source herd vaccinated against Leptospirosis? Yes No

**Other vaccinations (for example salmonella, rotovirus, IBR, clostridial diseases (5 in 1))**

* Have the animals been vaccinated against any other diseases? Yes No
  + If yes: Vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + If yes: Vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + If yes: Vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + If yes: Vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other treatments**

* Have the animals received any mineral (eg magnesium, copper, calcium) or vitamin supplements? Yes No
  + If yes: Product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date most recently given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have the animals received any zinc treatment (for facial eczema)? Yes No
  + If yes: Product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date most recently given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Drenching and pour-on treatments**

* Have the animals been treated for internal or external parasites? Yes No
  + If yes: Product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does the source herd have any history of drench resistance? Yes No Don’t know

**Mastitis** (milking cows only)

* Have you viewed the Somatic Cell Count (SCC) and mastitis records of the animals? Yes No

**Other animal health information**

Is there any other health information that is important for the purchaser of the animals from this herd to know about? For example other diseases on farm (eg Theileria, Johnes, Digital Dermatitis), or treatments given.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Finally**

* Make sure you get a completed ASD with these animals
* And you complete the NAIT records for the movement of these animals