

Assessment Form No. \_\_\_\_\_  
\*Required fields.

ASSESSMENT & VENDOR DETAILS

Auction Name: \*

☐ National Lamb

☐ National Sheep

☐ Thursday National Sheep

☐ Tas Sheep

Auction Date: \*

Assessment Date: \*

Form of Assessment: \*

☐ Individual

☐ Group

No. Head in lot: \*

Stock Code: \*

Sex:

Sex Composition:

Bid Types: \*

☐ \$/Head

☐ c/kg Live

☐ c/kg Dressed

AGENT DETAILS

Assessor AuctionsPlus ID: \*

Assessor declares financial interest in this lot: 

☐ Yes ☐ No

Assessor declares a conflict of interest in this lot: 

☐ Yes ☐ No

Is this a Parallel Assessment?: 

☐ Yes ☐ No

If Yes, Parallel Assessor No:

Parallel Assessor Name:

Agent AuctionsPlus ID: \*

Is this a Joint Agency offering?: 

☐ Yes ☐ No

If Yes, Joint Agent:

Joint Agent Contact Name: \*

Joint Agent Contact Details: \*

VENDOR DETAILS

PIC(s): \* (where stock are located)

Vendor AuctionsPlus ID: \*

Vendor Name: \*

Address: \* (where stock are located)

Town: \*Postcode: \*

Accreditations / Certifications:

☐ MSA

If Yes, Cert. No.

☐ LPA ☐ Organic

If Yes, Cert. No.

Other accreditations:

Earliest Delivery Date: \*

Latest Delivery Date: \*

Forward contract? (tick if yes) ☐

Delivery Points: \*

Nearest Delivery Town: \*

Show delivery coordinate in catalogue? (tick if yes) ☐

Trucking Access: \*

Delivery Comments:

Weighing Instructions: (If offered c/kg Live)

DELIVERY AGENT DETAILS

Contact Person: \*

Delivery Agent ID: \*

Mobile: \*

Work

After hours

Fax

Email: \*

Agent declares financial interest in this lot: 

☐ Yes ☐ No

Agent declares a conflict of interest in this lot: 

☐ Yes ☐ No

AGENCY TERMS OF TRADE: \*

SPECIAL CONDITIONS OF SALE

\*Required fields.

VENDOR SUPPLIED DETAILS

GRAZING / FEEDING DETAILS

Grazing Conditions:\*

Return same? ☐ Yes ☐ No

If No, return to:\*

WEANING DETAILS (required for sheep under 12 months)

Have sheep been weaned? ☐ Yes ☐ No

If Yes, weaning date:

Weaning Details:

BREEDING DETAILS

Vendor bred: ☐ Yes ☐ No

If No, vendor has owned stock for: ☐ less than 2 months

☐ 2-6 months ☐ 6-12 months ☐ more than 12 months

If No, stock history:\*

If Ram(s), is this a registered sire?\*

If Yes, Sire ID\* Sire Url

Bloodlines / full breeding history

JOINING DETAILS

Not Station Mated: ☐ 100% scanned empty ☐

Any Access to Ram(s)/ stags? ☐ Yes ☐ No

If Yes, Date of last access:

Details:

Station Mated ☐ Continuously joined? ☐ Yes ☐ No

If No Date ram(s) in Date ram(s) out

Ram Breeds:

Any access to Ram(s)/ stags outside this joining period:\*

☐ Yes ☐ No

If Yes, details:

Ram breed(s)

Lot has been pregnancy scanned?: ☐ Yes ☐ No

If Yes, tested by: ☐ Vet ☐ Non-vet contractor ☐ Vendor/Station

Certificate/ statement available? ☐ Yes ☐ No

Scanned by: (name)

Pregnancy scan date % of mob in lamb\*

% multiples (of ewes in lamb) % singles (of ewes in lamb)

Term in Months: (at time of assessment)

From: To: % rams

Pregnancy Terms\* ☐ Aplus terms ☐ No pregnancy terms

☐ Seller terms\* if Yes: Tolerance\* % Timeframe\* Days

If Yes, any special conditions?\*

Additional joining details:

ANIMAL HEALTH & BIOSECURITY

The number of different sources of sheep that have been introduced onto the consignment property in the last 5 years is:\*

☐ 0 (closed flock) ☐ 1-5 ☐ 6+ ☐ Rams only

All consigned sheep are from a flock that is free of virulent Footrot? ☐ Yes ☐ No If No, details: \*

All consigned sheep are from a flock that is free of benign footrot or Scald? ☐ Yes ☐ No If No, details: \*

Feet were inspected? ☐ Yes ☐ No If Yes, Number of Head:\*

Details:\*

All Consigned Sheep are from a flock that is free of lice? ☐ Yes ☐ No

If No, details:\*

All consigned sheep are from a flock in and ovine brucellosis accreditation scheme: ☐ Yes ☐ No

If Yes: Flock accreditation number Expirydate:\*

Have sheep/lambs been treated with a Scabby Mouth Vaccination at marking or 14 days before sale\*? ☐ Yes ☐ No

Within WHP or ESI ☐ Yes ☐ No

If Yes, product:\*

TreatmentDate:

Length of WHP/ESI (Days)

\*Required fields.

HEALTH TREATMENTS

	Treatment Type	Date	Product
1			
2			
3			
4			
5			
6			

☐ Russian eligible ☐ Saudi eligible ☐ Slaughter only

National Sheep Health Declaration:\*

☐ Will be provided at delivery ☐ Will be provided at buyer request

Approved JD vaccinates? ☐ Yes ☐ No

If yes, vendor has been continuously vaccinating all retained lambs in the consignment flock against JD for \_\_\_\_\_ years. (Vendor bred only)

All consigned Sheep are from a SheepMAP flock: ☐ Yes ☐ No

If yes, status: ☐ MN1 ☐ MN2 ☐ MN3 ☐ MN1-V ☐ MN2-V ☐ MN3-V

Year Commenced: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

All consigned sheep are from a flock with a negative test for JD:\*

☐ Yes ☐ No If yes, which test:\*

Date of test:\*

Any other JD Management practices carried out on the property?:

Any other relevant health information

MOVEMENT RESTRICTIONS ☐ Yes ☐ No

If Yes, details:\*

SHEARING DETAILS

Mulesed? ☐ Yes ☐ No

If Yes, Type (%): ☐ Light ☐ Moderate ☐ Radical ☐ Unmulesed

If Yes, was pain relief used? ☐ Yes ☐ No

If Yes, details:

Shedding breed? ☐ Yes ☐ No

If No, any known contact with shedding breeds in their lifetime:\*

☐ Yes ☐ No

Date shorn:\*

Wool cut Year kgs

Micron test Year micron

Yield Year %

Vendor Comments

VENDOR DECLARATION\*

I (full name):

Address:

declare that; I am the owner and/ or person responsible for the husbandry of the sheep in this consignment and all the information provided to the assessor on this sheep assessment is true and correct.

I also agree to comply with the AuctionsPlus Pty Limited User Agreement & Sale Terms which include giving sole agency to my agent until 3 business days post-sale.

\*Signed: \_\_\_\_\_ \*Date: \_\_\_\_\_

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

Email: \_\_\_\_\_

\* Producers are advised to retain appropriate records to support this declaration. Persons making false statements may be liable under fair trading and other relevant state legislations .

\*Required fields.

ASSESSED DETAILS

Lot Identification (Tag/Brands)

BREEDS

	TYPE (PURE, 1ST CROSS, 2ND CROSS, OTHER)		DAM	%
1				
2				
3				
4				
5				
6				
7				

Extended breed description

AGE / DROP

Drop (suckers / lambs)\*

Earliest Year\*Month\*Day

Latest Year\*Month\*Day

Age (hoggets / ewes / wethers / rams)\*☐ Month\*☐ years

Low\*High\*

Age breakup

DENTITION (No. head)

Nominating dentition? ☐ Yes ☐ No

If Yes, No. head mouthed\*

Lamb2T4T6T

8TWornBroken

Detail any lambs with incisors

Detail any worn or broken mouths\*

LAMBS AT FOOT (ewes and lambs only)

Number lambs at foot:\*

Lambs at foot sired by:\*

Joined to registered Rams:\*

If yes, Ram ID\*:

WOOL / SKIN DETAILS

Crutched?\* ☐ Yes ☐ No

If Yes, type\* ☐ Market ☐ Keyhole ☐ Full

Wool Length (%)\*

0 - 0.25" 0 - 5mm		1.5 - 2" 39 - 51mm	
0.25 - 0.5" 6 - 13mm		2 - 2.5" 52 - 64mm	
0.5 - 1" 14 - 25mm		2.5 - 3" 65 - 76mm	
1 - 1.5" 26 - 38mm		3" + 77mm +	

Majority Length:\* ☐ Inches ☐ Millimetres

Degree of burr:\* ☐ Nil ☐ Very light ☐ Light ☐ Medium ☐ Heavy

Types:\*

Degree of seed: ☐ None observed ☐ Very light ☐ Light ☐ Medium ☐ Heavy

Types:\*

Skin comments:\*

Wool Comments:\*

Low\*High\*

Sex composition

\*Required fields.

WEIGHTS

Number handled: \* \_\_\_\_\_ Hours off feed: \* \_\_\_\_\_

Weight gain \_\_\_\_\_ Grams/ day \_\_\_\_\_

Dressing Percentage: \* \_\_\_\_\_ %

Delivery adjustment %: \* \_\_\_\_\_

(Apply your dressing % to the weight at assessment - not curfew/adjusted weight)

(Adjust for the curfew before trucking or industry standard for pay weight) \*

AuctionsPlus recommends minimum 20% Sheep Sampled/Weighed on all assessments to maximise accuracy and buyer confidence.  
Minimum 10% sample is required for your lot to be catalogued.

INDIVIDUAL WEIGHT AND FAT

WEIGHT (kg) <small>(circle appropriate)</small>		SCORE 1 <small>(0-5mm)</small>		SCORE 2 <small>(6-10mm)</small>		SCORE 3 <small>(11-15mm)</small>		SCORE 4 <small>(16-20mm)</small>		SCORE 5 <small>(21mm+)</small>		NUMBER WEIGHED	TOTAL WEIGHT (kg)
		Number	Total	Number	Total	Number	Total	Number	Total	Number	Total		
15	50												
16	51												
17	52												
18	53												
19	54												
20	55												
21	56												
22	57												
23	58												
24	59												
25	60												
26	61												
27	62												
28	63												
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32	67												
33	68												
34	69												
35	70												
36	71												
37	72												
38	73												
39	74												
40	75												
41	76												
42	77												
43	78												
44	79												
45	80												
46	81												
47	82												
48	83												
49	84												
Total				Total		Total		Total		Total			

Weights Summary: \_\_\_\_\_ Low (kg) \_\_\_\_\_ High (kg) \_\_\_\_\_ Average (kg) \_\_\_\_\_

LAMBS AT FOOT WEIGHTS ( ewes and lambs only )

Number handled \_\_\_\_\_ Low wt (kg) \_\_\_\_\_

Lambs were bulk weighed ☐ Yes ☐ No

High wt (kg) \_\_\_\_\_ Average wt (kg) \_\_\_\_\_

\*Required fields.

COMMENTS

WITHER HEIGHT		BREEDING QUALITY		WRINKLE SCORE		CARCASE QUALITY GRADE %	
(71cm+)	%	Excellent	%	1 (Plain)	%	ETQ	%
(66-70cm)	%	Very good	%	2 (Light)	%	GAQ	%
(61-65cm)	%	Good	%	3 (Medium)	%	FAQ	%
(56-60cm)	%	Fair	%	4 (Heavy)	%	PLQ	%
(-55cm)	%	Plain	%				

Comment on fat score 1 Sheep\*

Notable Traits (Identify any faults or not true to type traits for the breed, class or age of the stock)	Number of Head	Notable Traits (Identify any faults or not true to type traits for the breed, class or age of the stock)	Number of Head

ASSESSOR COMMENTS

What best describes this lot?:\*

Assessor comments:\*

Assessor Signature\*

Date\*

REVIEW ASSESSMENT

Form of Reserve: \$/head ☐ c/kg live ☐ c/kg dressed ☐ Reserve: Start:

Bid Increment \$/ Head: ☐ \$0.5 ☐ \$1 ☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50

Assessment Form

Scanning/ Pregnancy Statement

\*\*Please upload this document if you do not have the original scanning/ pregnancy certificate\*\*

Property Name:

Property Address:

PIC No: Assessment No:

Assessor Name: Agency:

Ph:

Tested by: ☐ Vet ☐ Non-vet contractor ☐ Vendor/Station ☐ Assessor/Agent

If Vet, NCPD ID

Name:

Company:

Address:

Date Scanned:

Electronic file with pregnancy status and EID available ☐ Yes ☐ No

Results

Mob					Total No. Tested
Scanned In Lamb					
Scanned undetectable					

\*I am the owner/manager of the livestock described above and believe this information is accurate to the best of my knowledge.

(Signature) (Date)

\*I scanned the above livestock and believe this information is accurate to the best of my knowledge.

(Signature) (Date)

\*I am the assessor of the livestock described above and believe this information is accurate to the best of my knowledge.

(Signature) (Date)

\*\*Please state in sale terms if there are any guarantees on live lam status. Unless stated, or agreed to in writing prior to the sale, there are no guarantees on pregnancy aging or the delivery of a live lam\*\*