

SHEEP SALE VENUE: Mt Pleasant BI/Mo 1st X, Off Shears & Store XB & Mo Lamb Sale SALE DATE: 4th November 2026

BRANCH: _____ AGENT: _____ MOBILE: _____

VENDOR TRADING NAME: _____ NUTRIEN ACCT NO: _____ PIC NO: _____

No. of Sheep	Breed & Sex	Mnth Born	Year of Drop	Shearing	Bloodline	M&TS	Pain Relief Used	EID Tagged

Signed for the Vendor by (Print Name): _____ (Vendors Signature) _____

CARRIER: _____ ESTIMATED ARRIVAL TIME ON TUESDAY NOVEMBER 3rd: _____

HAVE SHEEP BEEN INSPECTED BY A NUTRIEN AGENT? _____

ALL SHEEP MUST BE ACCOMPANIED BY A CURRENT (07/20) NVD AND NATIONAL ANIMAL HEALTH STATEMENT FORM.

Health Statement Summary				DATE	
		DATE		DATE	
VACCINE - 3IN1, 6IN1:			Booster		
VACCINE - OJD:					
INTERNAL PARASITE TREATMENT:					
EXTERNAL PARASITE TREATMENT:					
Pre -sale Inspection – Lice/Footrot					