

ACCREDITATION SCHEME FOR SPAY OPERATORS

**SPAY OPERATOR OFFICIAL RECORD**

TO BE COMPLETED BY (A) SPAY OPERATOR AND (B) CATTLE OWNER or MANAGER

<b>Part A Spay Operator Section – MAINTAIN THIS RECORD FOR ACCREDITATION PURPOSES</b>					
<b>Part B Must be obtained from cattle manager and maintained with spaying records</b>					
<b>Spaying Operator Name</b>					
<b>Mobile Ph. No.</b>					
<b>Accreditation Number</b>					
<b>Spayer Email for return of Part B by owner</b>					
<b>Cattle Owner / Manager Name</b>					
<b>Mobile Ph. No.</b>					
<b>Location of cattle (property and site)</b>					
<b>PIC number</b>					
<b>Date Spaying Commenced</b>					
<b>Breed / Description of cattle</b>					
<b>Pre-spaying Checklist – all points checked and suitable to proceed</b>					
<input type="checkbox"/>	yards	<input type="checkbox"/>	crush	<input type="checkbox"/>	dust
<input type="checkbox"/>	temperature	<input type="checkbox"/>	weather conditions	<input type="checkbox"/>	cattle condition
<input type="checkbox"/>	curfewed	<input type="checkbox"/>	rested	<input type="checkbox"/>	staff briefed
<input type="checkbox"/>	safe systems of work re cattle movements agreed	<input type="checkbox"/>	hygiene systems in place		
<b>1. Number of completed spays</b>				<b>Head</b>	
<b>2. Hours of spaying conducted</b>				<b>Hours</b>	
<b>3. Incomplete / partial spays</b>					
<b>4. No. of deaths if any on the days of spaying (must be logged on NLIS)</b>				<b>Receipt no.</b>	
				<b>Date</b>	
<b>5. Not spayed – rejected as unsuitable to spay</b>					

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<b>Instructions to Cattle Manager for post spay care:</b>			
<b>Part (B) Cattle Manager final report on spayed animals – Complete after 2 weeks and return/email to Spayer</b>			
Insert number of animals if applicable- do not include animals already recorded by spay operator above- include only further deaths/treatments in the 2 weeks after spaying. All spaying deaths should be recorded on NLIS against device number for deceased animal covering spaying and post-spaying deaths			
<b>Further deaths or euthanised</b>		<b>Required treatment (inc. vet)</b>	
<b>No. days rested after spaying</b>		<b>Other</b>	
<b>Comments</b>			
I agree that the Spay Operator may provide information on this form to other parties including the Accreditation Scheme Manager. I understand that I may be contacted by the Scheme Manager for purposes of confirming information. Information may only be collected for the purposes of the scheme but non-identifying data on spaying may be published. I certify that the information in part B is correct.			
<b>Signature</b>			
<b>Date</b>			