**Application and authority to use anthrax vaccine (Living spore Sterne strain) in NSW**

**NOTES on APVMA permit conditions- for full details consult the APVMA permit and product label**

1. Anthrax Vaccine may be supplied only to persons who hold an authority to use the vaccine.
2. Use of Anthrax Vaccine in cattle, sheep and pigs may be authorised by the Chief Veterinary Officer (CVO) or delegate.
3. Use in other stock may be authorised by only the CVO, and the application must be accompanied by supporting documentation from the Senior Veterinary Officer (SVO), Veterinary Officer (VO) or the District Veterinarian (DV).
4. Stock vaccinated with Anthrax Vaccine may not be moved, other than on an authorized officer’s permit, within 42 days of vaccination.
5. There is a 42 day withholding slaughter period for stock vaccinated with Anthrax Vaccine.
6. Application

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| --- | --- | --- | --- |
| I |      (full name of applicant) | of |      (address of applicant) |
| Email address |       |
| Home telephone |       | Mobile |       |

being the owner or person in charge of the stock on the property described below, hereby apply for an authority to use Anthrax Vaccine on that property.

|  |  |
| --- | --- |
| Name and address of property |       |
| LLS: |       | PIC: |       |
| Animals to be vaccinated *(number)*: | Cattle |       | Sheep |       | Pigs |       | Other |       |
| Volume of vaccine needed |      ml (      x 50ml bottles) |
| Date of proposed vaccination: |       | Location of stock: |       |
| Proposed movement of stock after vaccination *(if any)*: |       |
| Reason for vaccination (please tick) | Previous anthrax history  Control of confirmed anthrax caseFeedlot  Requirement to walk on TSR Other (Please specify): ……………………………….. |
| Nominated Supplier: |       | Email: |       |
| I am aware:1. of the 42 day movement restriction on stock vaccinated with Anthrax Vaccine, and
2. of the 42 day withholding slaughter period for stock vaccinated with Anthrax Vaccine, and
3. that vaccinated stock may be required to be identified as anthrax vaccinated in the NLIS database.
 |
| Signed (applicant): |       | Date |       |

Completed form must be emailed LLS or faxed to your LLS, see <http://www.lls.nsw.gov.au/contact-us> or ring 1300 795 299. You can expect a response within 2 working days. If the matter is urgent, after sending the completed form ring LLS on 1300 795 299.

# Authority

|  |  |  |  |
| --- | --- | --- | --- |
| I (name) |       | Position |       |
| authorise the applicant to use Anthrax Vaccine on the stock and property described above. |
| Signature |  | Date |  |

***This document is valid for three months from date of authorisation***