

# Landowner / Manager Poison Use Statement – Petfood

Ministry for Primary Industries  
Manatū Ahu Matua



Effective from 5 May 2017

This statement is made for the purposes of clause 7.13 of the Animal Products Notice Specifications for Products Intended for Animal Consumption 2017.

**Responsible Person Name (see note 1):** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical address covered by this statement: \_\_\_\_\_

Farm address (rapid number and road) of land covered by this statement: \_\_\_\_\_

Detailed description of the physical boundaries of the area of land covered by this statement (see note 2): \_\_\_\_\_

- | 1 Past Poisoning Activities (see note 3)   | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1.1 <b>Group 1 Poisons.</b> Over the last <b>month</b> to the best of your knowledge have any of these poisons been laid in the area of land covered by this statement?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 <b>Group 2 Poisons.</b> Over the last <b>2 months</b> to the best of your knowledge have any of these poisons been laid in the area of land covered by this statement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 <b>Group 3 Poisons.</b> Over the last <b>4 months</b> to the best of your knowledge have any of these poisons been laid in the area of land covered by this statement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 <b>Group 4 Poisons.</b> Over the last <b>3 years</b> to the best of your knowledge have any of these poisons been laid in the area of land covered by this statement?  | <input type="checkbox"/> | <input type="checkbox"/> |

For each poison that you answered “yes” to above, please fill in the following details.

Name of poison	Date poison used	Geographic location where each poison laid	Are the poisons laid so as to be inaccessible (see note 4) Yes / No

- | 2 Future Poisoning Activities  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 2.1 Do you intend to lay poisons in the area of land covered by this statement within the next 3 months? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “yes” to above, please fill in the following details.

Name of poison	Date poison to be used	Geographic location where each poison will be laid	Will the poisons be laid so as to be inaccessible (see note 4) Yes / No

I agree to notify **any changes** to this statement that may occur within the 3 months from the date of signing to (please print name) \_\_\_\_\_ for whom this statement is provided.

*I confirm that all statements made in this document are true and correct. I am aware that the details provided will be received and retained by the petfood primary processor and may be provided to the Ministry for Primary Industries for the general administration of its functions. I consent to that happening.*

Responsible person signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This statement has effect for 3 months from date of signing, unless replaced.** It is an offence under section 127 of the Animal Products Act 1999 to provide false or misleading information in this statement. Under the Privacy Act 1993 you have certain rights of access to and correction of personal information held about you.

## Notes:

### 1. Responsible person

This statement must be completed by a person with the relevant knowledge of poison use on the land and who is the landowner, manager or some other person with the authority to complete and sign a poison use statement in respect of that land.

### 2. Area covered

The description of the area and physical boundaries covered by this statement must be clear. The physical boundaries of the area covered may be defined by attaching a copy of a topographical map using a standard 1:50,000 scale with the boundaries of the property marked.

### 3. Poisons

The poisons listed are the active substances. These active substances are incorporated into a range of commercial products. If you are unsure of the active substance in poisons used on the land, you may need to look at the product labels or use other sources of information to confirm what these are.

Any poisons used on the land must be listed on this statement regardless of whether they have been applied:

- by aerial drop, bait stations, bait bags, within farm buildings, or any other means; and
- by the responsible person or some other person such as a contractor.

Poison Group	0	1	2	3	4
Poison	<ul style="list-style-type: none"><li>Cholecalciferol</li><li>Hydrogen cyanide</li><li>Phosphorus</li><li>Potassium cyanide</li><li>Sodium cyanide</li></ul>	<ul style="list-style-type: none"><li>Zinc phosphide</li><li>Para – aminopropiophenone</li><li>Sodium nitrite</li><li>Any other poison not covered in groups 2 to 4 (except cyanide or cholecalciferol)</li></ul>	<ul style="list-style-type: none"><li>Diphacinone</li><li>Pindone</li></ul>	<ul style="list-style-type: none"><li>Coumatetralyl</li><li>Sodium monofluoroacetate (1080)</li></ul>	<ul style="list-style-type: none"><li>Brodifacoum</li><li>Bromadiolone</li><li>Difethialone</li><li>Difenacoum</li><li>Flocoumafen</li></ul>
Caution period (all species)	None	1 month	2 months	4 months	3 years

### 4. Inaccessible poisons

Inaccessible poisons are;

- poisons only in groups 0, 1, 2, or 3 in the table above;
- poisons used solely in bait stations that were correctly situated and used;
- poison used solely in buildings that could not be accessed by the hunted animal;
- poisons used that are inaccessible to hunted animals due to impassable geographical features (such as rivers, sea, cliffs or steep ravines); or
- the animal was not a pig.

To avoid doubt, the above exceptions do not apply to:

- poisons in group 4; and
- land administered by DOC.

### 5. Electronic submission.

This statement may be provided electronically, but only with the consent of the recipient.