

GOAT SHOW AND SALE DECLARATION BY EXHIBITOR / AUTHORISED REPRESENTATIVE

Provided by Federal Council of Agricultural Societies as part of showground biosecurity and the management of animal health

Instructions to Owners / Exhibitors:

1. Complete all sections of this form (see footnotes below).
2. If Johne's disease (JD) AND caprine arthritis encephalitis (CAE) for dairy goats testing has been undertaken, have your approved veterinarian attach a signed veterinary certificate.
3. This Goat Show and Sale Health Declaration form is valid for 6 months from the date of issue. The owner must notify the issuing government veterinarian or Animal Health Officer of any change in herd status or other information provided on the form subsequent to completion of this form.

THIS FORM IS NOT ACCEPTABLE AS AN ENTRY PERMIT TO OTHER STATES AND/OR ZONES

Footnotes

1. Exhibitors may also need additional certification to move between states, check with the local veterinary authority.
2. Should an exhibitor not be able to complete this declaration and believes there may be extenuating circumstances he or she should contact the Agricultural Society.
3. This information MUST reach the Agricultural Society in time to be reviewed before the closing date for entries.
4. An owner's authorised representative should only sign this declaration where he or she has a detailed knowledge of the disease history of the herd.
5. If the property of birth and subsequent property movements are unknown, this declaration cannot be signed.
6. Johne's disease may be 'suspected' where any goats in the herd have had the potential to come into contact with the causative organism or with goats with symptoms typical of Johne's disease, or Johne's disease has not been specifically ruled out as a cause of chronic wasting disease in the herd.
7. Susceptible animals are goats, sheep, deer and camelids.

OWNER/EXHIBITOR DECLARATION

Trading name:

Address: **Post code:**

Property address: **Post code:**

(Property Name, Rural Road & Number)

.....

Telephone: **Fax:**

Breed: **Society:**

Stud name: **Herd No:**

Property Identification Code (PIC):

Sale / show: **Date:**

Description of goat (attach list if necessary):

TOTAL NUMBER OF GOATS ENTERED:

NLIS Tag	Identification (Tattoos)	Microchip

A completed National Goat Health Statement must be attached to the entry form. Entries will not be accepted unless a fully completed National Goat Health Statement is attached.

Section One

JOHNE'S DISEASE

I, **Owner/Manager/Exhibitor (print name):**

Of (print address):

Declare that with respect to the property of origin and the goats listed above, I make the following declarations: *(tick the box for the clause(s) which applies)*

1. That the goats to be exhibited are accompanied by a signed National Goat Health Statement declaring that their Assurance Rating is: (insert rating)
AND.
2. To the best of my knowledge the goats described in the National Goat Health Statement or their herds of origin are not known or suspected to be infected with Johne's disease.
OR
3. The goats identified above originate from assessed herds under the GoatMAP with status attained in the year indicated; e.g. MN1✓2003:
MN1 (year) **MN2** (year) **MN3** (year) Herd Status Certificate No.
Date of expiry:
OR
4. The herd from which these goats originate is being managed under a Property Disease Management Plan for Johne's disease
AND
5. The goats to be exhibited have tested with negative results by individual faecal culture or pooled faecal culture (pools of 25 or less) within the 6 months immediately preceding this show or exhibition. (Strike through if not applicable).

Date of Certificate:

Name of Approved Veterinarian:APAV Number:

Signed: Date:
Exhibitor/Authorised Representative

Section Two

OTHER CONDITIONS

1. I certify that any **dairy** goats identified in this declaration are either CAE accredited or have tested negative for CAE in accordance with the requirements of the National Goat Health Statement, which has been attached with this declaration.
2. I certify that any non **dairy** or **dairy** cross identified in this declaration are either CAE accredited or have tested negative for CAE in accordance with the requirements of the National Goat Health Statement which has been attached to this declaration, or are not assessed for CAE and have not had access to dairy goat milk through suckling, rearing or feeding unless the milk has been obtained from a CAE certified herd or has been pasteurized.
3. I understand that I must advise the veterinary committee of the respective Agricultural Show Society if there is any new information which would alter the foregoing.
4. I acknowledge that the Agricultural Society relies on the above and I accept personal responsibility for its truth and accuracy.
5. I agree that the Agricultural Society can, at its discretion, contact official veterinary authorities regarding the above disease information relating to my flock and I authorise such authorities to release that information.
6. **WA requirements for interstate goats:** the goats entered by me have been inspected by a person approved by a state or territory Chief Veterinary Officer (CVO) and do not show signs of footrot. They have been foot bathed or received antibiotics for any purpose within the last three months, nor vaccinated for footrot within the last 12 months. To the best of my knowledge and belief, are not infected with footrot and have not been in contact with footrot-infected animals in the past 12 months. (Strike through if not applicable).

Signed: Date:
Exhibitor/Authorised Representative

NATIONAL GOAT HEALTH STATEMENT

Attached to accompanying NVD/Waybill No.

SECTION 1 – CONSIGNMENT INFORMATION

Owner of goats

Property/place where the journey commenced (full address)

.....State Postcode

Property Identification Code (PIC) of this property:

Number	Year born (month, if known)	Description (ie. Breed, sex and type)	Identification (eg. PIC/brand on ear tag if different to above)

Please attach a list if more information is required.

SECTION 3 – FOOTROT

6. Have the goats in this consignment been observed for, and any suspect goats examined for, signs of **FOOTROT** during the past 14 days? Yes No

7. To the best of your knowledge, are the goats in this consignment free of **VIRULENT FOOTROT**? Yes No

8. To the best of your knowledge, are all sheep and goats on the consignor's property free from **VIRULENT FOOTROT**? Yes No

SECTION 4 - OTHER HEALTH INFORMATION

9. Is the herd **CAPRINE ARTHRITIS ENCEPHALITIS (CAE) ACCREDITED FREE**? Yes No

Herd Accreditation No.: Expiry Date:/...../.....

10. The goats in this consignment are derived from a herd which has had a whole herd negative test for **CAE** within the last 90 days. Yes No

11. To the best of your knowledge, are the goats in this consignment free from **LICE**? Yes No

12. Treatments	Product	Date of last treatment
External Parasite Treatment/...../.....
Drench/...../.....
Vaccination other than JD (Eg CLA)/...../.....
Other/...../.....

SECTION 2 – JOHNE'S DISEASE (JD)

1. This consignment has an assurance rating of: (refer and complete overleaf)



2. Were all these goats born on the above property? Yes No

If no, date introduced/...../..... Assurance rating of goats at time of introduction:

Note: If goats were sourced over multiple dates or from different vendors please attach supporting information

3. Have goats with lower assurance rating than the consigned goats been introduced into the herd in the last 2 years? Yes No

If yes, what is the lowest assurance rating of those introduced goats?

4. How many different sources of goats have been introduced to the consignor's property in last 2 years? None 1-5 6+ Bucks only

5. Are all these consignment goats from a GoatMAP herd? Yes No

Status..... Expiry date/...../.....

SECTION 5 - DECLARATION

As the owner and /or person responsible for the husbandry of the goats in this consignment, I declare that the information in this statement is true and correct.

Signed: Date:...../...../.....

Name (print):

Contact phone:

Persons making false statements may be liable under fair trading and other relevant state legislation.

NATIONAL GOAT HEALTH STATEMENT

PLEASE NOTE: This is a rating risk and is not a quantitative risk assessment.

SECTION A: Choose 1 Category in this section

Circle **only one** rating in this section and enter that rating at the bottom of Section A.

The herd from which the goats are consigned is:	Assurance Rating
In the Goat MAP with MN3 status	8
In the Goat MAP with MN2 status	7
In the GoatMAP with MN1 status	6
Not known infected and has no risk factors ⁽¹⁾	5
Not known infected, but has risk factors ⁽¹⁾	4
Restricted 2 status – RD2 ⁽²⁾	3
Restricted 1 status – RD1 ⁽³⁾	2
Infected but undertaking an approved Property Disease Management Plan ⁽⁴⁾	1
Infected ⁽⁵⁾	0
HERD RATING FOR SECTION A	

SECTION B: Choose 1 Category in this section

Circle the number where applicable and add them at the bottom of Section B

The following management factors reduce the risk of Johne’s disease in this herd:	Assurance Rating
The herd is not in the GoatMAP, but has had a Check Test ⁽⁶⁾ with negative results in the past 12 months	1
The consignment of goats are Approved Vaccinated Goats ⁽⁷⁾	1
The consignment of goats has been reared under a national approved kid rearing program ⁽⁸⁾	1
HERD RATING FOR SECTION B	

ASSURANCE RATING = A + B =

EXPLANATORY NOTES

1. Risk Factors:

- (a) The herd contains goats that were born or raised with dairy goats. The herd contains dairy breeds or dairy cross breed goats. Exceptions are goats that are from GoatMAP herds, or goats born and raised in WA.
- (b) The herd has grazed land in the past 5 years that is at risk of JD contamination. Land at risk of JD contamination includes land that is being grazed, or has been grazed in the preceding 12 months, by:
 - Dairy breeds or dairy cross bred goats, which are not sourced from GoatMAP herds.
 - Goat herds with RD2 or lower status.
 - Dairy cattle with a Dairy Assurance Score of less than 7.
 - Beef cattle, other than those in the CattleMAP or Beef Only.
 - Sheep which have an ABC score of less than 3.

2. RD2: A herd which has had a second negative herd test of all animals over 12 months of age in the herd, at least 2 years after RD1 status was achieved as part of an Approved Property Disease Management Plan.

3. RD1: A herd with a history of infection which has had 1 negative herd test of all animals over 12 months of age in the herd, at least 12 months after the last infected animal was removed from the herd as part of an approved Property Disease Management Plan.

4. Infected but undertaking an approved Property Disease Management Plan: An infected herd that has not yet progressed to RD1 status but is complying with an on-farm disease control program combining elements of testing, kid rearing and biosecurity that has been approved by Chief Veterinary Officer (CVO) of the jurisdiction.

5. Infected: means infected with Johne’s disease. Herds are no longer regarded as infected when a Property Disease Management Plan, which has been approved by the Chief Veterinary Officer (CVO) of the jurisdiction, has been completed.

6. Check Test: A test of 50 goats over 12 months of age in the herd (or all goats over 12 months of age in smaller herds) by serology or faecal culture or pooled faecal culture of two (2) pools each of 25 goats, with negative results. The animals should be selected so as to increase the probability of detecting infection, i.e. older animals, animals in poor body condition.

7. Approved Vaccinated Goat: A goat that is:

- vaccinated with an approved Johne’s disease vaccine by 16 weeks of age; or
- vaccinated with an approved Johne’s disease vaccine after 16 weeks of age where, in the written opinion of a GoatMAP approved veterinarian, vaccination occurred prior to exposure to Johne’s disease infection; and
- is identified by an Approved Vaccination Tag.

8. Nationally approved kid rearing program: A kid rearing program designed to minimise the spread of Johne’s disease in intensively managed herds, which has been documented and agreed by GICA and Animal Health Committee. (In development)