

ALPACA HERD HEALTH STATUS DECLARATION FOR SHOWS & SALES

Instructions to Owners/Exhibitors:

1. Complete Part 1 of this form
2. This form is not an interstate entry permit. However, if stock are likely to be sold or moved onwards from a show, Part 2 should be completed by your local animal health official to assist authorities prepare the necessary official interstate movement certificates.
3. If Johnes Disease (JD) testing has been undertaken, get your Private Vet to complete Part 3, or attach a veterinary certificate.
4. This Herd Health Status 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 changes in herd status or other information on the form subsequent to completion of this form.

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

PART 1 OWNER/EXHIBITOR DECLARATION

TRADING NAME _____

ADDRESS _____ POSTCODE _____

PROPERTY ADDRESS _____ POSTCODE _____

TELEPHONE _____ FAX _____

PROPERTY NAME _____ STUD NAME _____

PROPERTY ON WHICH ALPACA ARE CURENTLY RUN
(IF DIFFERENT TO ABOVE) _____

SALE/SHOW _____ DATE _____

ANIMAL IDENTIFICATION (attach list if necessary)

NAME	Date of Birth	Male or Female	Huacaya or Suri	I.A.R No.

NOTE: A show or sale may want to use only the higher entry requirements below and may delete one or more clauses that do not meet the standard.

I, Owner / Manager / Exhibitor (print name) _____
of (print address) _____

Declare that with regard to Johnes's disease. (Tick the box for the clause/s which apply).

(1) The alpaca identified above originate from a Free , Protected , Control , Residual Zone for BJD, in alpaca

(2.1) The alpaca identified above originate from assessed herds under the Alpaca MAP, with status attained in the year indicated, e.g. MN1 99

MN1 MN2 MN3 Herd Status Certificate No _____ Expiry Date _____

Q-Alpaca Certificate No _____ Expiry date _____

or

(2.2) The alpaca indicated above originate from herds that have not been assessed for Johnes's Disease (ie: Non Assessed status

or

(2.3) The alpaca identified above originate from herds that have been Check Tested negative (ie CT) in the past 12 months.

Date Tested _____ Approved Veterinarian _____

or

(2.4) Where applicable the alpaca identified above which are 1 year of age or older have been tested by faecal culture by a registered veterinarian negative results within 6 months before the date of the show/sale/exhibition. Where the alpaca are less than 1 year of age the dam will be tested.

or

(2.5) The alpaca identified above originate from a herd that is currently under test for entry to the Alpaca MAP and I have no reason to suspect that Johnes's disease exists on any of the properties listed above.

Exhibitors may need additional certification to move between Zones or between States. Check with local veterinary authority.

The above information, including the description of the animals and property/ies of origin is complete, true and correct.

Signature _____ Date _____

PART 2 ENDORSEMENT OF HERD STATUS

Note: This is an option that may be used to assist completion of official movement forms where there is a reasonable probability that animals will proceed to another state or zone directly from the show or sale. It is **not** an official certificate.

(To be completed by Government Veterinarian/Inspector of Stock if intending to move stock interstate)

The property(s) being certified in relation to the Owner's Declaration has/have been allocated Tail Tag Number/s _____ to which the following information applies.

To the best of my knowledge and belief:

1. I have no reason to doubt the owner/s declaration in Part 1 above.
2. Under the Australian Standard Definitions & Rules for Johne's Disease, the herd/s has/have an assigned herd status of _____

HERD STATUS

Non-Assessed (NA): means the infection status of the herd is unknown, but the herd is not under suspicion.

Check Tested (CT): the herd has had a negative Check Test undertaken by an approved veterinarian in the past 12 months.

Tested Negative (TN) or Monitored Negative (MN): the herd has an Assessed status under the Australian Johne's Disease Market Assurance Program for Alpaca (Alpaca MAP).

Inspector of Stock Signature _____
 (PRINT NAME) _____ located at _____ office.
 Date of issue _____ Telephone _____ Fax: _____

PART 1 OWNER/EXHIBITOR DECLARATION

The individual alpaca listed below were tested for Johne's Disease by faecal culture with a negative result.

Alpaca IAR (numbers)						

Date tested	
Laboratory	
Accession No	

<i>If tested by Veterinary Surgeon</i>
<i>Name of testing veterinarian:</i>
<i>Signature:</i>
<i>Practice Name & Location:</i>
<i>Phone/Fax:</i>

OR

<i>If tested by Government Officer</i>
<i>Name of government officer</i>
<i>Signature</i>
<i>Location:</i>
<i>Phone/Fax</i>