

SHEEP SHOW & SALE HEALTH 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) testing has been undertaken, have your approved veterinarian attach a signed veterinary certificate.
3. This Sheep 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 flock.
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 sheep in the flock have had the potential to come into contact with the causative organism or with sheep with symptoms typical of ovine Johne's disease, a line of sheep originating from the property has been identified as a positive direct line through abattoir monitoring, or ovine Johne's disease has not been specifically ruled out as a cause of chronic wasting disease in the flock.
7. Susceptible animals are sheep, goats and deer (other than fallow deer).

OWNER/EXHIBITOR DECLARATION

Trading name:

Address: **Post code:**

Property address: **Post code:**
(Property Name, Rural Road & Number)

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Telephone: **Fax:**

Breed: **Society:**

Stud name:

Flock no: **Tattoo:**

Sale / show: **Date:**

TOTAL NUMBER OF SHEEP ENTERED:

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

Section One

OVINE JOHNE'S DISEASE

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

Of (print address):

Declare that with respect to the property of origin and the sheep listed above, I make the following declarations:

1. That these sheep to be exhibited are accompanied by a signed National Sheep Health Statement declaring that their ABC Score is:(insert score).
2. To the best of my knowledge the sheep described in the National Sheep Health Statement or their flocks of origin are not known or suspected to be infected with ovine Johne's disease.

OR

3. The sheep identified above originate from assessed herds under the SheepMAP with status attained in the year indicated; e.g. MN1✓2003:

MNI (year) **MN2** (year) **MN3** (year) Herd Status Certificate No.

Date of expiry:

4. The flock from which these sheep originate is being managed under a Property Disease Management Program for ovine Johne's disease;

AND

5. The sheep to be exhibited have tested with negative results by individual faecal culture or pooled faecal culture (pools of 50 or less) within the 6 months immediately preceding this show or exhibition or be serology within the past 3 months immediately preceding this Show or Exhibition. (Strike through if not applicable).

Date of Certificate:

Name of Approved Veterinarian:

Signed: Date:

Exhibitor/Authorised Representative

Section Two

OTHER CONDITIONS

1. I undertake to advise the veterinary committee of the respective Agricultural Show Society if there is any new information which would alter the foregoing.
2. I acknowledge that the Agricultural Society relies on the above and I accept personal responsibility for its truth and accuracy.
3. 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.
4. **WA requirements for interstate sheep:** the sheep entered by me have been inspected by a person approved by a state or territory Chief Veterinary Officer (CVO);

AND

5. Do not show signs of footrot. They have not 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