

# 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 sheep 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:  
  
MNI  ..... (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 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