

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 change 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 POST CODE

PROPERTY ADDRESS POST CODE

TELEPHONE FAX

PROPERTY NAME STUD NAME

PROPERTY ON WHICH ALPACA ARE CURRENTLY RUN (IF DIFFERENT)

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 Date of expiry

Q-Alpaca Cert No. Expiry date:

- or (2.2) The alpaca identified 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 also 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 sow 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 3
JOHNE'S DISEASE TEST RESULTS

(To be completed by the Veterinary Surgeon conducting the tests or Government officer upon receipt of test results, or attach veterinary certificate).

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

Alpaca IAR (numbers)

Date of test

Laboratory

Accession No

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

OR

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