

CATTLE HERD HEALTH STATUS DECLARATION FOR SHOWS & SALES

"Provided by Federal Council of Agricultural Societies as part of the National JD Control Program"

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 IDENTIFICATION NO./TAIL TAG NO.

SALE/SHOW DATE

Description of cattle (attach list if necessary)

NLIS Device RFID or Tag Number	Identification (Eartags, Tattoos)	No. of cattle	Description of cattle (Age, Sex, Breed)

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 cattle identified above originate from a Free , Protected , Control , Residual , Zone for BJD.
- (2.1) The cattle identified above originate from assessed herds under the Cattle MAP, with status attained in the year indicated; eg MN1 ⁹⁹
 MN1 MN2 MN3 Herd Status Certificate No. Date of expiry
- or*
 (2.2) The cattle identified above originate from herds that have not been assessed for Johnes's Disease (ie: Non Assessed status).
- (2.3) The cattle 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) The cattle originate from a beef herd that qualifies as Beef Only or Beef Cattle - Trade Assurance Scheme (BC-TAS) or have been declared to have a Dairy BJD Score of 7 or higher (delete as necessary.)
- or*
 (2.5) Where applicable the cattle identified above which are 2 years of age or older have been blood tested by a registered veterinarian using the absorbed ELISA test with negative results within 6 months before the date of the show/sale/exhibition. Where the cattle are less than 2 years of age the dam will be tested.
- or*
 (2.6) The cattle identified above originate from Restricted (RD) or Tested Low Prevalence (TLP) herds that are under strict regulatory control and
 - have been undertaking official, audited test and control programs for a minimum of 2 years, and
 - at least 2 consecutive annual whole herd tests have been conducted with a reactor rate not exceeding 1.5% at the latest herd test; and
 - the cattle to be exhibited, or their dams, have been tested with negative results as part of at least the last two annual herd tests; and
 - the cattle to be exhibited are not officially listed as "at risk" cattle for the particular herd, and
 - the cattle to be exhibited have been tested negative within 3 months of the date of the show.

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 an option that may be used to assist completion of official movement forms where there is a reasonable probability that animals will proceed 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, and based on a search of available Departmental records:

- (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 a 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 Cattle (Cattle MAP). Beef Only and Beef Cattle Trade Assurance Scheme (BC-TAS): the herd satisfies the criteria for these classifications. Dairy BJD Score: the Cattle are declared to have a score of 7 or higher in the National Dairy BJD Scoring Scheme.

- (3)
 - a. TUBERCULOSIS: Property Status..... Area Status.....
 - b. CATTLE TICK: Tick free area - Yes/No (delete one)
If NO, list date and place of treatment (attach if necessary)
 - c. EPHEMERAL FEVER: Ephemeral fever has/has not been reported on the property of origin in the last 30 days.
 - d. ENZOOTIC BOVINE LEUCOSIS (EBL): The official status of the herd is

Inspector of Stock: Signature

(PRINT NAME)located atoffice.

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 cattle listed below were tested for Johne's Disease using the absorbed ELISA test with a negative result.

Cattle identification (tattoos)

Date of test.....

Laboratory.....

Accession No.

If tested by Veterinary Surgeon

If tested by Government Officer

<i>Name of testing veterinarian:</i>
<i>Signature</i>
<i>Practice Name & Location:</i>
<i>Phone/Fax</i>

OR

<i>Name of government officer:</i>
<i>Signature</i>
<i>Location:</i>
<i>Phone/Fax</i>