

# HERD HEALTH STATUS DECLARATION FOR SHOWS & SALES DAIRY CATTLE

*Provided by Federal Council of Agricultural Societies as part of showground biosecurity and the management of animal health.*

**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 must be completed by your local animal health official to assist authorities prepare the necessary official interstate movement certificates
3. This Herd Health Status Declaration form is valid for 6 months from the date of issue. The owner must notify the issuing Government Veterinary, 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**

## PART 1 OWNER/EXHIBITOR DECLARATION

**TRADING NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **POST CODE:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_ **POST CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PROPERTY IDENTIFICATION CODE (PIC):** \_\_\_\_\_

**SALE/SHOW:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Description of cattle** *(attach list if necessary)*

**TOTAL NUMBER OF CATTLE:** \_\_\_\_\_

NLIS Device RFID or Tag Number	Identification (Eartags, Tattoos)	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 this standard.

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

of (print address): \_\_\_\_\_

declare that with regard to Johne'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 and have a National Dairy BJD Assurance Score of \_\_\_\_\_

2. The cattle identified above originate from assessed herds under the Cattle MAP with status attained in the year indicated; e.g. MN1 ✓ 2003  
**MN1**  \_\_\_\_\_ **MN2**  \_\_\_\_\_ **MN3**  \_\_\_\_\_ Herd Status Certificate No: \_\_\_\_\_ Date of expiry: \_\_\_\_\_  
Year Year Year

**or** 2.1 The cattle identified above originate from herds that have not been assessed for Johne's disease (i.e.: Non Assessed status)

**or** 2.2 The cattle identified above originate from herds that have been Check Tested (CT), Tested to MAP Standard (TMS) or Tested 4 Year Old (T4YO) with negative results in the past 12 months

Date Tested: \_\_\_\_\_ Approved Veterinarian: \_\_\_\_\_

- Or 2.3 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 your local veterinary authority. The above information, including the description of the animals and property(s) of origin is complete, true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 2 ENDORSEMENT OF DAIRY 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 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 PIC (please record) \_\_\_\_\_ to which the following information applies.

To the best of my knowledge and belief and based on a search of available Departmental records I certify the following statements:

1. I have no reason to doubt the owner’s declaration in Part 1 above.
2. Under the Australian Standard Definitions and Rules for Johne’s disease, the herd(s) has/have a National Dairy Assurance Score of \_\_\_\_\_
3. That the property to which this PIC is allocated is:
  - a) In a tick free area. Yes:  No:  If NO, list date and place of treatment (attach if necessary) \_\_\_\_\_
  - b) A property where Ephemeral Fever has not been reported in the last 30 days. Yes:  No:
  - c) A herd with an official herd status for Enzootic Bovine Leucosis (EBL) of: \_\_\_\_\_

Inspector of Stock: (Signature) \_\_\_\_\_

Print Name: \_\_\_\_\_

Located at: \_\_\_\_\_ office

Date of issue: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_