

Dairy Goats Form

Manning River A. & H. Society Taree Inc.
Taree Showground
P.O Box 203, Taree N.S.W 2430
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President: Milton Johnston

Secretary: Edithe Cheers

Agricultural Societies Council of New South Wales Incorporated
Participants Indemnity and Waiver

RISK WARNING

The Agricultural Societies Council of New South Wales advises that the participation, including passive participation, in events or activities at an agricultural show contains elements of risk, both obvious and inherent. The risks involved may result in property damage and/or personal injury including death.

1. I, the signatory, acknowledge, agree and understand that participation, including passive participation, in events and activities at this, or at any show contains an element of risk of injury and I agree that I undertake any such risk voluntarily of my own free will and at my own risk.
2. I, the signatory, acknowledge, agree and understand that the risk warning at the top of this form constitutes a 'risk warning' for the purposes of Division 5 of the *Civil Liability Act 2002 (NSW)*.
3. I, the signatory, acknowledge the risk referred to above and agree to waive any and all rights that I, or any other person claiming through me, may have against the Manning River A. & H. Society Taree Inc. in relation to any loss or injury (including death) that is suffered by me as a result of the undersigned's participation in any event held by the Manning River A. & H. Society Taree Inc.
4. The signatory must continually indemnify the Manning River A. & H. Society Taree Inc. on a full indemnity basis against any claim or proceeding that is made, threatened or commenced and any liability, loss (including consequential loss and loss of profits), damages or expense (including legal costs on a full indemnity basis) that the Manning River A. & H. Society Taree Inc. incurs or suffers, as a direct or indirect result of the participant's participation in any event held by the Manning River A. & H. Society Taree Inc.

I have read this Indemnity and Waiver form and acknowledge and agree with its contents. I have made any further enquires which I feel are necessary or desirable and fully understand the risks involved in this activity.

Name:

Address:

Indemnity Valid From:/...../..... To:/...../.....

Signature: Date:

Email:

Please support the business that have supported the

Manning River A. & H. Society Inc.

TAREE SHOW

The Taree Show cannot run without the help of volunteers giving their time to help. If you are interested in being a steward or helper in some area, please complete the form and return it to the Show Secretary, Mrs. Edithe Cheers, by the 3rd October, 2011.

Name:

Address:

.....

.....

Tel No:

Email:

I am interested in helping in the following areas:
(Please circle appropriate area)

Horse Ring Events **Rural Youth**

Beef cattle **Agriculture**

Dairy Cattle **Horticulture**

Sheep **Show Girl**

Goats **Crafts**

Poultry **Other**

If other please specify:

.....

Please return to P.O. Box 203, Taree, NSW 2430 by 3rd October, 2011

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	Microchip
	(Tattoos)	

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

Manning River A & H Society

Entry Form - Dairy Goat Section

Class	Exhibit	Tattoo	DOB	Breed	T & P Pts	Sire	Dam	Fee
					Total Fees S			

Exhibitor's Name:

Stud Name:

Address:

Exhibitors Signature:

P.I.C.:

Gst Status: I verify that I enter this Show on the following basis
 A Recreational basis in the course of my Business and my
 ABN No. is:

NATIONAL GOATS

PLEASE NOTE: This is a rating risk and is not a quantitative risk assessment.

SECTION A: Choose 1 category in this section.

Circle **only one** rating in this section and enter that rating at the bottom of section A.

The herd from which the goats are consigned is:

	Assurance Rating
In the Goat MAP with MN3 Status	8
In the Goat MAP with MN2 Status	7
In the Goat MAP with MN1 Status	6
Not known infected and has no risk factors ⁽¹⁾	5
Not known infected, but has risk factors ⁽¹⁾	4
Restricted 2 status - RD2 ⁽²⁾	3
Restricted 1 status - RD1 ⁽³⁾	2
Infected but Undertaking an approved Property Disease Management Plan ⁽⁴⁾	1
Infected ⁽⁵⁾	0
HERD RATING FOR SECTION A	

SECTION B: Choose 1 Category in this section

The following management factors reduce the risk of Johne's disease in the heard:

	Assurance Rating
The herd is not in the Goat MAP, but has had Check Test ⁽⁶⁾ with negative results in the past 12 months	1
The consignment of goats are Approved Vaccinated Goats ⁽⁷⁾	1
The consignment of goats has been reared under a national approved kid rearing program ⁽⁸⁾	1
HERD RATING FOR SECTION B	

ASSURANCE RATING = A + B =

HEALTH STATEMENT

EXPLANATORY NOTES

1. Risk Factors:

(a) The herd contains goats that were born or raised with dairy goats.

The herd contains dairy breeds or dairy cross breed goats.

Exceptions are goats that are from GoatMAP herds, or goats born and raised in WA.

(b) The herd has grazed land in the past 5 years that is at risk of JD contamination.

Land at risk of JD contamination includes land that is being grazed, or has been grazed in the preceding 12 months, by:

*Dairy breeds or dairy cross breed goats, which are not sourced from Goat MAP herds.

*Goat herds with RD2 or lower status.

*Dairy Cattle with a dairy insurance score of less than 7.

*Beef cattle, other than those in the cattleMAP or beef only.

*Sheep which have an ABC score of less than 3.

2. RD2: A herd which has had a second negative herd test of all animals over 12 mths of age in the herd, a least 2 yrs. after RD1 status was achieved as part of an approved property disease management plan.

3. RD1: A herd with a history of infection which has had 1 negative herd test of all animals over 12 mths of age in the herd, at least 12 mths after the last infected animal was removed from the herd as part of an approved property disease management plan.

4. Infected but undertaking an approved property disease management plan: An infected herd that has not progressed to RD1 status but is complying with an on-farm disease control program combining elements of testing, kid rearing and biosecurity that has been approved by Chief Veterinary Officer (CVO) of the jurisdiction.

5. Infected : Means infected with Johne's Disease. Herds are no longer regarded as infected when a property disease management plan, which has been approved by the Chief Veterinary Officer (CVO) of the jurisdiction, has been completed.

6. Check Test: A test of 50 goats over 12 mths of age in the herd (or all goats over 12 mths of age in smaller herds) by serology or faecal culture or pooled faecal culture of 2 pools each of 25 goats, with negative results. The animals should be selected so as to increase the probability of detecting infection, i.e. Older animals, animals in poor body condition.

7. Approved vaccinated goat : a goat that is :

*Vaccinated with an approved Johne's disease vaccine by 16 wks of age; or

* Vaccinated with an approved Johne's disease vaccine after 16 wks of age where, in the written opinion of a GoatMAP approved veterinarian, vaccination occurred prior to exposure to Johne's disease infection; and

* Is identified by an approved vaccination tag.

8. Nationally Approved Kid Rearing Program: A kid rearing program designed to minimise the spread of Johne's disease in intensively managed herds, which has been documented and agreed by GICA and animal health committee. (in development).

NATIONAL GOAT

Attached to accompanying NVD/Waybill No.

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SECTION 1—CONSIGNMENT INFORMATION

Owner of goats

Property/place where the journey commenced (full address)

State.....Postcode.....

Property Identification Code (PIC) of this property:

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Number	Year born (month, if known)	Description (ie. Breed, sex and type)	Identification (Eg. Pic/brand on ear tag if different to above)

Please attach a list if more information is required.

SECTION 2—JOHNE’S DISEASE (JD)

1.This consignment has an assurance rating of: (refer and complete overleaf)
Section A + **Section B** = **TOTAL ASSURANCE RATING**

2.Were all these goats born on the above property? **YES () NO ()**
 If no, date introduced/...../....., Assurance rating of goats at time of introduction: ()

Note: If goats were sourced over multiple dates or from different vendors please attach supporting information.

3. Have goats with lower assurance rating than the consigned
 Goats been introduced into the herd in the last 2 yrs. **YES () NO ()**
 If yes, what is the lowest assurance rating of those introduced goats? ()

4. How many different sources of goats have been
 Introduced to the consignor’s property in last 2 yrs? **None () 1-5 () 6+ () Bucks only ()**

5.Are all these consignment goats from a GoatMAP herd? **Yes () No ()**

Status.....Expiry Date...../...../.....

HEALTH STATEMENT

SECTION 3 - FOOTROT

- 6.Have the goats in this consignment been observed for, and any Suspect goats examined for, signs of **FOOTROT** during the past 14 days? **Yes () No ()**
- 7. To the best of your knowledge, are the goats in this consignment Free of **VIRULENT FOOTROT**? **Yes () No ()**
- 8. To the best of your knowledge, are all sheep and goats on the Consignor’s property free from **VIRULENT FOOTROT**? **Yes () No ()**

SECTION 4 - OTHER HEALTH INFORMATION

- 9. Is the herd **CAPRINE ARTHRIS ENCEPHALITIS (CAE)** **ACCREDITED FREE?** **Yes () No ()**
 Herd accreditation no: Expiration date:...../...../.....
 - 10. The goats in this consignment are derived from a herd which has had A whole herd negative tst for **CAE** Within the last 90 days **yes () no ()**
 - 11. To the best of your knowledge, are the goats in this consignment Free from **LICE**? **Yes () No ()**
 - 12. **Treatments**
- | | Product | Date of Last treatment |
|--------------------------------------|---------|------------------------|
| External Parasite Treatment | |/...../..... |
| Drench | |/...../..... |
| Vaccination other than JD(E.g. CLA) | |/...../..... |
| Other..... | |/...../..... |

SECTION 5 - DECLARATION

As the owner and /or person responsible for the husbandry of the goats in this consignment, I declare

That the information in this statement is true and correct.

Signed: Date:/...../.....

Name...(Print).....

Contact Phone.....

Persons making false statements may be liable under fair trading and other relevant legislations.