

## Springsure Pastoral & Agricultural Society Inc PO Box 59 Springsure Qld 4722 www.springsureshow.com.au



SPRINGSURE MEAT &	& DAIRY :	SHOW E	ENTRY	FORM 20	23	
EXHIBITORS NAME:						
ADDRESS:	PIC NO*					
EMAIL ADDRESS:	Ph:					
Please Note: All completed forms includ sp Call Glenda 0428 774	oaas1865@gi	mail.com			to be sent to	
This year you can enter online Entries will not be <b>Funds to be deposited</b>	accepted un	less accom	panied by f	fees.	ers	
	Number	Total \$		mments & S	uggestions	
NUMBER OF ANIMALS ENTERED @ \$5 NUMBER OF PENS REQUIRED HEALTH STATEMENT ATTACHED						
CAMPING Site @ \$10						
Sponsorship/Donations						
TOTAL AMOUNT Paid			Bank:	BSB: 813 049	ACC: 100092917	
Name:	Signature of Exhibitor					
Date						
Class Entered	Goat Name	/ Tag or De	scription			

## NATIONAL GOAT HEALTH DECLARATION

SECTION 1	L – CONSIGNM	IENT INFORMATION			SECTION 3	8 – FOOTROT			
	(Full trac	ding name) he journey commenced:				-	consignment been observed t gns of <b>FOOTROT</b> during the p		Yes 🗌 No 🗌
(Address) (Address continued) (Town/suburb) (Postcode) (State)		7. To th	Yes 🗋 No 🗖						
		<b>Code (PIC) of this property</b> e property that the stock are being	moved				iowledge, are all sheep and go ree from VIRULENT FOOTRO		Yes 🗖 No 🗖
	ription of goat				SECTION A		I INFORMATION		
Number	Year born (Month)	Description (Breed, sex)		Brands or Earmarks	9. Is the		RTHRITIS ENCEPHALITIS (CAE	E)	Yes 🗖 No 🗖
					Flock	Accreditation No	oExpiry	Date://	
Details of	other statuto	Total ry documents relating to this m	novement e.g. N	/D	whole	e herd negative t	signment are derived from a h est for <b>CAE</b> within the last 90 o <b>OR</b>	days.	Yes 🗋 No 🗖
(Document ty	ype)	(Number) (Off	ice of issue)	// (Expiry date)	the l	ast 12 months.	ndertaken a negative whole he ./		Yes 🗌 No 🗖
	2 – <b>JOHNE'S D</b> nsignment has	<b>ISEASE (JD)</b> s an assurance rating of: ( <i>refer a</i>	and complete ove	rleaf)		e best of your kn From <b>LICE</b> ?	owledge, are the goats in this	consignment	Yes 🔲 No 🗖
Consignue 2. Were a	all these goats	Section B ing + Risk Management R born on the above property? d:/		ASSURANCE RATING Yes 🔲 No 🔲	12. Treat External Treatmer Drench	Parasite	Product	Date of las	t treatment
Assura	nce rating of i	ntroduced goats at time of intro			Vaccinati JD (eg CL	on other than			
-		wer assurance rating than the co the herd in the last 2 years?	onsigned goats	Yes 🗖 No 🗖	Other				
If yes, v	what was the	lowest assurance rating of those	e introduced goa	ts?	DECLARAT	ION			
	nor's property	sources of goats have been intr in last 2 years? 6 + B	oduced to the sucks only			vner and /or pers	on responsible for the husbar the information in this stater		
5. Are all the goats in this consignment from a GoatMAP flock?    Yes □ No □      Status:    Expiry date:///				Signature*					

#### SECTION A: Choose 1 Category in this section

Tick **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 GoatMAP with MN3 status	8
In the GoatMAP with MN2 status	7
In the GoatMAP with MN1 status	6
Not known infected and has no risk factors <sup>(1)</sup>	5
Not known infected, but has risk factors <sup>(1)</sup>	4
Restricted 2 status – RD2 <sup>(2)</sup>	3
Restricted 1 status – RD1 (3)	2
Infected but undertaking an approved Property Disease Management Plan <sup>(4)</sup>	1
Infected or suspected of being infected <sup>(5)</sup>	0
CONSIGNING HERD RATING SECTION A:	

#### **SECTION B: Choose 1 Category in this section**

Tick the number where applicable and add them at the bottom of Section B

#### The following management factors reduce the risk of Johne's disease in this herd:

The herd is not in the GoatMAP, but has had a Check Test <sup>(6)</sup> with negative results in the past 12 months	1
The consignment of goats are Approved Vaccinated Goats <sup>(7)</sup>	1
The consignment of goats has been reared under a nationally approved and independently audited kid rearing plan <sup>(8)</sup>	1
RISK MANAGEMENT RATING FOR SECTION B:	

#### **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 Goat MAP herds, or goats born and raised in WA.
- (b) The herd has grazed land in the past 5 years that is at risk of Johne's disease (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 bred goats, which are not sourced from GoatMAP herds.
  - Goat herds with RD2 or lower status.
  - Dairy cattle with a Dairy Assurance Score of less than 7.
  - Beef cattle, other than those in the CattleMAP, Johne's Beef Assurance Score 6 or greater.
  - Sheep other than SheepMAP flocks from areas without an audited Regional Biosecurity Plan which includes ovine Johne's disease.
- **2. RD2:** A herd which has had a second negative herd test of all animals over 12 months of age in the herd, at least 2 years after RD1 status was achieved. This is part of an Approved Property Disease Management Plan approved by the Chief Veterinary Officer (CVO) of the jurisdiction.
- **3. RD1:** A herd with a history of infection which has had 1 negative herd test of all animals over 12 months of age in the herd, at least 12 months after the last infected animal was removed from the herd. This is part of an approved Property Disease Management Plan approved by the CVO of the jurisdiction.
- **4. Infected but undertaking an approved Property Disease Management Plan:** An infected herd that has not yet 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 CVO of the jurisdiction.
- **5.** Infected or suspected of being infected: Means infected or suspected of being infected with JD. Herds are no longer regarded as infected or suspected of being infected when a Property Disease Management Plan, which has been approved by the CVO of the jurisdiction, has been completed.
- **6.** Check Test: A test of 50 homebred goats over 12 months of age in the herd (or all goats over 12 months 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 JD vaccine by 16 weeks of age; or
  - Vaccinated with an approved JD vaccine after 16 weeks, when the flock
    - o was in the GoatMAP, or
    - had undertaken a negative Sample Test by PFC in the 2 years preceding the vaccination; or
  - is identified as an Approved Vaccinate in accordance with State legislation.
- **8.** Nationally approved kid rearing plan: A kid rearing plan designed to minimise the spread of JD in intensively managed herds, which has been documented and agreed by GICA and Animal Health Committee.

# **Movement record**

Please note this movement record is a guide only. You may keep a movement record in any format that captures the required information. Examples include but are not limited to diaries, log books, emails, or other industry documents (that are species specific) such as National Vendor Declarations (NVDs), horse health declarations, or Pig Passes.

Movement record number Special designated animals only<sup>2</sup>

Postcode

#### Proposed movement date

#### Person completing movement record

Full name of the person completing the movement record.

First name/s

Last name

#### Origin of designated animal

Address (including "Name of place" if applicable) of the holding, saleyard or place of departure of the designated animal/s.

Name of place

Address

#### **Destination details**

Full name of the person taking recievng the designated animal/s.

First name/s	Last nar	ne		
Organisation/trading name				
		_	_	
Address of the destination	(including "Name of place" if applica	ble")		
Name of place				
Address				
				Postcode
Mobile	Business hours telep	ohone Af	fter hours telephone	

<sup>2</sup> Special designated animals include: cattle, sheep, goats, pigs, bison, buffalo, alpacas, llamas.

### Particulars of designated animal(s)

A description of the designated animal with any distinguishing marks or features sufficient to be able to identify the designated animal being moved.

No. of stock	Breed	Class (e.g. bull, ram, mare, sow)	Identification marks <sup>1</sup>	F (othe	Prope r PICs	rty Ide for nor	entific vendo	ation or breed	Code	e (PIC and g	;) oats)

<sup>1</sup> Identification marks may include, but are not limited to, animal colour, brand, earmark, or microchip number.

#### Cattle tick risk minimisation requirements (low risk carriers only)

State the cattle tick risk minimisation requirements that have been met for low risk carriers moving between Queensland cattle tick zones.

Low risk carriers include horses, camels, sheep, goats, llamas, alpacas, vicunas, guanacos.

#### **Declaration** Special designated animals only<sup>2</sup>

Full name of person completing form

Signature	Date	Phone number