

**SHEEP SHOW & SALE HEALTH DECLARATION  
BY EXHIBITOR/AUTHORISED REPRESENTATIVE**

THIS FORM IS NOT ACCEPTABLE AS AN ENTRY PERMIT TO OTHER STATES AND/OR ZONES

I.....

of.....

am the Exhibitor/authorised representative of the sheep detailed in the Scheduled of Exhibits listed below

**SECTION 1:**

BREED.....

SOCIETY.....

STUD NAME.....

FLOCK NO. ....

EXHIBITOR.....

NO. of Sheep entered.....

Postal Address..... Postcode.....

Property Address..... Postcode.....

Telephone..... Fax.....

Animal Health District / RLPB District ( where applicable).....

**With respect to the property of origin and the sheep listed above, I make the following declarations:**

**SECTION 2 :**

1. OVINE BRUCELLOSIS: Entire male sheep are from an Ovine Brucellosis Accredited Free Flock.

Accreditation No.....

Expiry Date.....

2. EXTERNAL PARASITES: The sheep have been inspected by the owner/authorised representative and no evidence of lice or ked infestation has been found.

**SECTION 3 : OVINE FOOTROT:**

It is the requirement of entry into a Footrot Control Area, that sheep from Footrot Residual Areas of NSW or Victoria are accompanied by a signed OWNER/VENDOR DECLARATION FORM.

**In addition, the sheep entered are from either from:**

1. An Accredited Footrot Free Flock

Accreditation No.....

Expiry Date ..... , or

2. A Flock which is a certificate member of the Owner Declared Footrot Free Scheme

Certificate No.....

Expiry Date..... , or

3. A flock for which the exhibitor/authorised representative has completed and signed the attached OWNER/VENDOR DECLARATION FORM.

**SECTION 4 OVINE JOHNE'S DISEASE:** ( one box in each of Clause 1 & 2 must be ticked )

**1 These sheep originated from a property which is located in a**

- Free  Protected  Control  Residual Zone for Ovine Johne's Disease.

**2 Flock Status / Test :**

2.1  These sheep are from a Monitored Negative flock assessed under Australian Johne's Disease Assurance Program for sheep (Sheep MAP). Market

FLOCK STATUS.....YEAR ATTAINED .....CERTIFICATE NO.....EXPIRY DATE..... or

2.2  These sheep originated from a flock which has been tested to MAP standard by an approved veterinarian in the last 12 months.

DATE of TEST.....NAME of VETERINARIAN..... or

2.3  These sheep originate from a flock that has been Check Tested negative by an approved veterinarian in the last 12 months.

DATE of TEST..... NAME of VETERINARIAN ..... or

2.4  These sheep originate from a flock which has not been assessed for Johne's disease, and each exhibited animal over 24 months of age has been tested for Johne's disease with a negative result in the six months preceding the Show or Sale. or

2.5  These sheep originated from a Non-Assessed flock which does not satisfy any of the above (2.1-2.4). or

2.6  These sheep originated from an Infected (IN) or Suspect (SU) flock, or from Nil Assurance (NA) or Under Surveillance (US) flock in the Residual Zone, and have been vaccinated with approval of the Chief Veterinary Officer of the State/Territory of.....and, if over 24 months of age, have each been tested negative by individual faecal culture within the 12 months immediately preceding this show or exhibition.

DATE of TEST.....NAME of VETERINARIAN.....

**SECTION 5 : DECLARATIONS :**

I,.....of.....

- 1 Declare to the best of my knowledge that, except for sheep described in clause 2.6 above, none of the sheep referred to in this declaration, or their flocks of origin, are known or suspected to be affected with any of the above diseases.
- 2 Further declare, in respect of Ovine Johne's Disease, that to the best of my knowledge the animal(s) have not, for any period of their lifetime, been in a flock or on a property where, I have any reason to believe Ovine Johne's Disease is known or suspected to exist, except for sheep described in clause 2.6 above. And no susceptible animal has been introduced into this flock or property (except for the flocks from which sheep described in clause 2.6 originated) from a flock or property where I have any reason to believe Ovine Johne's Disease is known or suspected to exist.
- 3 I undertake to advise the veterinary committee of the respective Agricultural Show Society if there is any new information which would alter the foregoing.
- 4 I acknowledge that the Agricultural Society relies on the above and I accept personal responsibility for its truth and accuracy.
- 5 I agree that the Agricultural Society can, at its discretion, contact official veterinary authorities regarding the above disease information relating to my flock and I authorise such authorities to release that information.

**Signed**.....

Exhibitor / Authorised Representative

**Date**.....

**FOOTNOTES**

- A Exhibitors may also need additional certification to move between Zones or between States, check with local veterinary authority.
- B Should an exhibitor not be able to complete the above Declaration and believes there may be extenuating circumstances he/she should contact the Agricultural Society.
- C This information **MUST** reach the Agricultural Society in time to be reviewed before the closing date of entries.
- D An Owner's Authorised Representative should only sign this declaration where he or she has a detailed knowledge of the disease history of the flock.
- E If the property of birth and subsequent property movements are unknown, this declaration cannot be signed.
- F Johne's Disease may be 'suspected' where any sheep in the flock have had the potential to come into contact with the causative organism or with sheep with symptoms typical of Ovine Johne's Disease, or Ovine Johne's Disease has not been specifically ruled out as a cause of chronic wasting disease in the flock.
- G Susceptible animals are sheep, goats and deer(other than fallow deer).