

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

Provided by Federal Council of Agricultural Societies as part of the National JD Control Program  
THIS ENTRY 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 Schedules of Exhibits listed below:

## **Section 1:**

BREED: \_\_\_\_\_ SOCIETY: \_\_\_\_\_

STUD NAME: \_\_\_\_\_ FLOCK NO: \_\_\_\_\_

EXHIBITOR: \_\_\_\_\_ No. of Sheep entered: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Property Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ 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. D

## **Section 3: Ovine Footrot**

Animals entered by me do not show any signs of footrot and, to the best of my knowledge and belief, are not infected with footrot and have not been in contact with footrot-infected animals in the past year

**Note:** (NSW requirements) Sheep originating from a Footrot Residual Area and entering a Footrot Control or Protected Area, must be accompanied by a completed “**OWNER/VENDOR FOOTROT DECLARATION FORM**” A copy of the completed form is to be attached to this declaration.

## **Section 4: Ovine Johne's Disease:** (Clause 1 is compulsory for ALL sheep)

1. \_\_\_\_\_ These sheep to be exhibited are accompanied by a signed OJD Animal Health Statement declaring that their ABC Score is.

(Note: Enter details of flock status in the Market Assurance Program for Sheep under Category B)

2. \_\_\_\_\_ *These sheep have an ABC Score of Zero* and attached is an approved veterinarians Certificate that:

2.1. The flock from which these sheep originate is being managed under a Property Disease Management Program for Ovine Johne's Disease AND

2.2. The sheep to be exhibited have been tested with negative results by individual faecal culture or pooled faecal culture (pools of 50 or less) within the 6 months immediately preceding this Show or exhibition or by serology within the past 3 months immediately preceding this Show or exhibition.

Date of Certificate: \_\_\_\_\_ Name of Approved Veterinarian: \_\_\_\_\_

## **Section 5: Declaration:**

I \_\_\_\_\_ of \_\_\_\_\_,

1. Declare to the best of my knowledge that, except for sheep as described in Section 4 above, none of the sheep referred to in this declaration, or their flocks or origin, are known or suspected to be affected with any of the above disease.
2. I undertake to advise the veterinary committee of the respective Agricultural Show Society if there is any new information which would alter the foregoing.
3. I acknowledge that the Agricultural Society relies on the above and I accept personal responsibility for its truth and accuracy.
4. 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: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibitor/Authorised Representative.