

P.I.C.-NJ268435 2019 Taree Show

Manning River A. & H. Society Taree Inc.

Taree Showground

P.O Box 203, Taree N.S.W 2430

Phone/(02) 6551 3245

ABN NO.: 514 427 799 12

E-mail: admin@tareeshow.org

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:

Forms must be signed and sent in with Health forms to obtain wrist band if not done band will not be issued & entry will not be able to enter ring.

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:

SECTION 1 – CONSIGNMENT INFORMATION

Owner of goats:

(Full trading name)

Property/place where the journey commenced:

(Address)

(Address continued)

(Town/suburb)

(Postcode)

(State)

Property Identification Code (PIC) of this property

This MUST be the PIC of the property that the stock are being moved from
Description of goats

Number	Year born (Month)	Description (Breed, sex)	Brands or Earmarks
Total			

Details of other statutory documents relating to this movement e.g. NVD

(Document type)

(Number)

(Office of issue)

(Expiry date)

SECTION 2 – JOHNE'S DISEASE (JD)

1. This consignment has an assurance rating of: (refer and complete overleaf)

Section A Section B

Consigning Herd Rating + Risk Management Rating = **TOTAL ASSURANCE RATING**

2. Were all these goats born on the above property? Yes No

If no, date introduced: / /

Assurance rating of introduced goats at time of introduction:

3. Have goats with a lower assurance rating than the consigned goats been introduced into the herd in the last 2 years? Yes No

If yes, what was 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 years?

None 1-5 6+ Bucks only

5. Are all the goats in this consignment from a GoatMAP flock? Yes No

Status: Expiry date: / /

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 from 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 ARTHRITIS ENCEPHALITIS (CAE) ACCREDITED FREE? Yes No

Flock Accreditation No. Expiry Date: / /

10. a. The goats in this consignment are derived from a herd which has had a whole herd negative test for CAE within the last 90 days. Yes No

OR

b. The goat herd has undertaken a negative whole herd test in the last 12 months. Yes No

Date of last test: / / laboratory reference number:

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 (eg CLA)		
Other		

DECLARATION

I

(Full name)

as the owner and /or person responsible for the husbandry of the goats in this consignment, declare that the information in this statement is true and correct.

Signature* Date* / / 20

*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.

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 from 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 ARTHRITIS ENCEPHALITIS (CAE) ACCREDITED FREE? Flock Accreditation No. Expiry Date: / / Yes No
10. a. The goats in this consignment are derived from a herd which has had a whole herd negative test for CAE within the last 90 days. Yes No
- OR**
- b. The goat herd has undertaken a negative whole herd test in the last 12 months. Date of last test: / / Laboratory reference number:
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 (eg CLA)		
Other		

DECLARATION

I
(Full name)
as the owner and /or person responsible for the husbandry of the goats in this consignment, declare that the information in this statement is true and correct.
Signature* Date* / / 20

*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.

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
 - o 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.

Manning River A & H Society

Entry Form - Dairy Goats

Health Declaration forms attached

Class	Name of Exhibit	Tattoo	DOB	T & P PTS	Sire	Dam	Entry Fee
Total Fees S							

Health Declaration forms must
 Be completed and returned to the
 With the National Goat Health
 Statement prior to animals arriving
 At the Taree Showground.

Exhibitor's Name: _____

Address: _____

Post entries to: Darryl & Nea Hosking
 218 Burrawan Forest Dr,
 Lake Innes, 2446
 Email: darrylandnea@hotmail.com

Phone: _____