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| **Agreement between Herd Manager and GoatMAP Veterinarian** |
| *This agreement remains in force until either party revokes it in writing***Part A****Herd manager’s undertaking to the GoatMAP Veterinarian**I, ofbeing the owner/owner’s authorised representative for the purposes of this program\* of the goat herd run on the property described below, hereby apply to enrol the herd in the Australian Market Assurance Program for Goats (GoatMAP).\* delete that which is not applicable.Description of herd (stud or property name, owner [if not listed above], breed, etc.):Property name and address:Property identification code (PIC): |
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| I also specifically undertake to comply with all conditions of GoatMAP and the relevant laws of the state or territory, and that I shall: |
| * retain you as my veterinarian for this program until either of us revoke this agreement
* advise you in writing if I no longer retain you as my GoatMAP Veterinarian
* provide you with the results of all previous examinations or tests for JD and/or CAE conducted on animals in the herd. If required, I authorise the state authority to provide you with information about the JD and/or CAE status of the herd and about previous testing undertaken in the herd
* assist in developing and implementing our agreed Herd Management Plan
* present all goats over the appropriate age for testing or inspection as required
* permanently identify and record the identity of all goats selected for testing
* submit any animals or groups of animals that test positive for follow-up investigations in a manner that will allow their true status to be determined and within an agreed period of time
* only sell goats direct to slaughter or with full disclosure to potential buyers while the status of any positive screening test is being resolved
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| * advise you within 7 days of my becoming aware of any cases or suspect cases of JD and/or CAE:
	+ in this herd, or
	+ in goats originating from this herd that are now located elsewhere, or
	+ in another herd from which goats contributed to this herd, or
	+ in a neighbouring herd
* only introduce goats into the herd from other herds in compliance with Element 2 of GoatMAP
* only return goats into the herd under pre-agreed conditions
* maintain records of the movements of any goats into and out of the herd, including the origin and destination of such goats, and provide them to you on request
* maintain a record of all goats in the herd and the examinations and testing for JD and/or CAE carried out on the herd
* provide authorised people access to the property, herd and all relevant records for the purposes of auditing the MAP program
* agree to you reporting changes in herd status or suspicion of infection in the herd to the appropriate state authority
* agree to the publication of the assessed status of my herd (e.g. MN1, MN2 or MN3) in a public register
* agree to surrender to you any Herd Status Certificate if the herd status changes
* in the event of my herd status becoming infected or being suspected of being infected, I acknowledge that you and/or I have a legal responsibility to report this to the state authority and to provide information to the state authority to facilitate tracing and advice to owners of herds at risk of being infected
* advise you if the manager of the herd changes or before any change in the land on which the herd is run.

I understand that if I fail to comply with any part of this agreement, the status of my herd may revert to Non-Assessed or Suspect. |
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| **Additional declaration by the authorised representative of the owner** |
| The owner(s) of this herd has/have authorised me in my capacity as …………………………… to be their representative for the purposes of this program. |
| *(Name of owner/owner’s representative) (Name of Approved Veterinarian)* |
| *(Signature) (Signature)* |
| *(Address) (Address)* |
| Date: Date: |
| **Notes** |
| 1. For the purposes of the program, a herd includes all goats managed as a separate and discrete unit in terms of physical contact with other groups of eligible species. All goats and eligible species grazed together or at any time during a12-month period on the same land or sharing the same facilities, are considered to belong to the same herd. |
| 2. The details contained in this agreement will be registered on a publicly accessible online database of all MAP agreements (unless specifically requested not to be). |
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**Part B**

**GoatMAP Veterinarian’s undertaking to the herd manager**

I

of

a GoatMAP Veterinarian, hereby agree to comply with all conditions of the program and the laws of the state or territory and specifically undertake that I shall:

1. Advise you on the program and actions that you will need to undertake to comply with the program.
2. Undertake an initial appraisal of the property and herd and develop with you a written Herd Management Plan to reduce the risk of introduction of JD and/or CAE disease into the herd (as appropriate to the modules participated in).
3. Collect and submit samples required to an approved laboratory.
4. Investigate suspected cases of JD and/or CAE in the herd or reactors to serological tests by collecting the prescribed specimens from such goats for laboratory examination.
5. Provide you with a copy of the result of all tests and examinations undertaken for the purpose of this program in your herd.
6. Maintain detailed records of all examinations and testing which support and justify the herd status allocated from time to time.
7. Audit your herd records and management relevant to the program every 12 months.
8. Assess the risk to the herd and advise whether to attend individual shows or sales or move to agistment.
9. Determine the status of your herd under the program and issue you with appropriate Herd Status Certificates.
10. Advise the GoatMAP Administrator of any change in herd status within 7 days or suspicion of infection in the herd within the period prescribed by the animal disease laws of the state or territory.
11. Advise GoatMAP Administrator of any Goat movements onto or off the property should infection be found in this herd.

……………………………………… ……………………………………….

Signature of GoatMAP Veterinarian Signature of owner/owner’s representative

Date: ………………………… Date: ……………………………………..