|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Notification of Status**  **for herds entering, continuing in or leaving the**  **AUSTRALIAN MARKET ASSURANCE PROGRAM FOR GOATS**  (*to be submitted by the supervising GoatMAP Veterinarian*) | | | | | | | | |
| **Owner/manager/property details** *(The manager is the contact person for all correspondence)* | | | | | | | | |
| **Owner’s name:**  **Trading name:**  **Property address:**  **Postal address (or ‘as above’):**  **Property Identification Code (PIC):** | | | | | **Manager’s name:**  **Property name:**  **Phone:**  **Email:**  **LGA/LLS:** | | | |
| **Status Details: GOATBIO** *(General Biosecurity)* | | | | | | | | |
| Year obtained: | | | |  | | | | |
| **Status and Testing Details: JDMAP** *(Johne’s Disease)* | | | | | | | | |
| Current status & year obtained: | | | | Certificate number: | | | | |
| Expiry date: | | | | Test due: | | | | |
| **Continuing status (if applicable):**  □ MN1 | | | | □ MN2 | | | | |
| □ MN3 | | | | □ Vaccinating | | | | |
| Annual review date: | | | | Extension requested to (*Date*):  *(Provide reason below)* | | | | |
| **Testing details**  □ Sample test | | | | □ Maintenance test | | | | |
| Date: | | Lab name: | | | | | Lab report number: | |
| Number of eligible animals: | | | | Number of animals tested: | | | | |
| **Discontinuing status (if applicable):** | | | | | | | | |
| □ Withdrawn (NA) | | □ Disbanded (DB) | | | | | □ Infected (IN) | |
| **Comments/ reason:** | | | | | | | | |
| **Status and Testing Details: CAEMAP** *(Caprine Arthritis Encephalitis)* | | | | | | | | |
| Current status & year obtained: | | | | Certificate number: | | | | |
| Expiry date: | | | | Test due: | | | | |
| **Continuing status (if applicable):**  □ MN1 | | | | □ MN2 | | | | |
| Annual review date: | | | | Extension requested to (*Date*):  *(Provide reason below)* | | | | |
| **Testing details**  □ Herd Test | | | | □ Bulk Milk Test | | | | |
| Date: | | Lab name: | | | | | Lab report number: | |
| Number of eligible animals: | | | | Number of animals tested: | | | | |
| **Discontinuing status (if applicable):** | | | | | | | | |
| □ Withdrawn (NA) | | □ Disbanded (DB) | | | | | □ Infected (IN) | |
| **Comments/ reason:** | | | | | | | | |
| **Herd Details** | | | | | | | | |
| □ Commercial dairy  □ Commercial meat/ fibre  □ Hobby | | □ Commercial fibre  □ Dairy  □ Other | | | | | □ Commercial meat  □ Stud | |
| **Breeds** *(select primary, secondary and tertiary breeds)****:*** | | | | | | | | |
| □ Anglo-Nubian  □ Cashmere | □ Angora  □ Condobolin  □ Pygmy | | □ Australian Melaan  □ Miniature  □ Saanen | | | □ Boer  □ Nigerian Dwarf  □ Toggenburg | | □ British Alpine  □ Other |
| **GoatMAP Veterinarian** | | | | | | | | |
| **Name:**  **Hospital/ Clinic:**  **Postal address:** | | | | | **Mobile:**  **Phone:**  **Email:** | | | |
| *I confirm that the outcomes of the annual review and testing support the continuing MAP status shown above, the herd manager and I have auditable records supporting this status, and the information in this notification is true and correct.*  Signature: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please complete this notification form and send it to the MAP Administrator in your state or territory. | | | | | | | | |