|  |
| --- |
| **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| □ Withdrawn (NA) | □ Disbanded (DB) | □ Infected (IN) |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| □ Withdrawn (NA) | □ Disbanded (DB) | □ Infected (IN) |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. |