**AUSTRALIAN JOHNE’S DISEASE MARKET ASSURANCE PROGRAM FOR SHEEP**

## AGREEMENT BETWEEN FLOCK OWNER AND APPROVED VETERINARIAN

***This agreement must be renewed annually***

### PART A: Flock owner’s undertaking to Approved Veterinarian

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| I, | |  |
| of |  | |
| being the owner / owner's authorised representative\* for the purposes of this program of the sheep flock run on the property described below, hereby apply to enrol the flock in the Australian Johne's Disease Market Assurance Program for Sheep. | | |
| \* delete whichever is not applicable. | | |
| Description of flock[[1]](#footnote-1) (Stud name, owner (if not listed above), breed etc.): | | |
|  | | |
| Property Name & Address: | | |
|  | | |
| Property Identification Code: | | |
|  | | |

I also specifically undertake to comply with all conditions of the program and the laws of the state or territory and that I shall:

1. Retain you as my Approved Veterinarian for this program until either of us revoke this agreement.
2. Advise you and the state authority if I no longer retain you as my Approved Veterinarian.
3. Provide you with the results of all previous examinations or tests for Johne's disease conducted on animals in the flock. I authorise the state authority to provide you with information about the Johne’s disease status of the flock and about previous testing undertaken in the flock.
4. Assist in the development of and then implement our agreed Flock Management Plan.
5. Present all sheep over two years old for testing or inspection as required.
6. Permanently identify and record the identity of all sheep selected for testing.
7. Submit any animals or groups of animals that test positive for follow-up investigations in a manner which will allow their true status to be determined and within an agreed period.
8. Only sell sheep direct to slaughter or with full disclosure to potential buyers while the status of any positive screening test is being resolved.
9. Advise you within seven days of my becoming aware of any cases or suspect cases of Johne's disease:

* in this flock, or
* in sheep originating from this flock that are now located elsewhere, or
* in another flock which contributed sheep to this flock.

1. Only introduce sheep into the flock from other flocks in compliance with element 2 of the SheepMAP.
2. Only return sheep attending shows and/or sales into the flock under pre-agreed conditions.
3. Maintain records of the movements of any sheep into and out of the flock, including the origin and destination of such sheep and provide them to you on request.
4. Maintain a record of all sheep in the flock and the examinations and testing for Johne's disease that are carried out in the flock.
5. Provide authorised people access to the property, flock and all relevant records for the purposes of auditing the program.
6. Agree to you reporting changes in flock status or suspicion of infection in the flock to the appropriate state authority.
7. Agree to the publication of the assessed status of my flock in the national database (i.e. MN1, MN2 or MN3).
8. Agree to surrender to you any Flock Status Certificate if the flock status changes.
9. In the event of my flock 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 flocks at risk of being infected.
10. Advise you if the manager of the flock changes or prior to any change in the land on which the flock is run.
11. For MN-V flocks, maintain records of vaccination (dates and numbers of sheep and lambs vaccinated) and provide them to you on request

I understand that if I fail to comply with any part of this Agreement, the status of my flock may revert to Not Assessed or Suspect status.

**Additional declaration by the authorised representative of the owner:**

The owner(s) of this flock has/have authorised me in my capacity as to be their representative for the purposes of this program.

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|  | | |  |  | | | |
| Signature of owner/owner’s representative | | | | Signature of Approved Veterinarian | | | |
| Date: |  |  | | Date: |  |  |

### PART B: Approved Veterinarian’s undertaking to flock owner

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| I, |  | |
| of | |  |
| a veterinarian approved under the Australian Johne's Disease Market Assurance Program for Sheep, 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 on actions that you will need to undertake to comply with the program.
2. Develop with you a Flock Management Plan to reduce the risk of introduction of Johne's disease into the flock.
3. Collect and submit samples required to an approved laboratory.
4. Investigate suspected cases of Johne's disease in the flock or animals or groups of animals that test positive to PFC tests by collecting the prescribed specimens from such sheep for laboratory examination.
5. Provide you with a copy of the result of all tests and examinations undertaken for the purposes of this program in your flock.
6. Maintain detailed records of all examinations and testing which support and justify the flock status allocated from time to time.
7. Review your flock records and management relevant to the program every 12 months.
8. Assess the risk to the flock and advise whether to attend individual shows or sales.
9. Determine the status of your flock under the program and issue you with appropriate Flock Status Certificates
10. Advise ................................................................................................(state authority) of any change in flock status within seven days or suspicion of infection in the flock within the period prescribed by the animal disease laws of the State or Territory.
11. Advise ................................................................................................(state authority) of any sheep movements onto or off the property should infection be found in this flock.
12. Provide Auditors and the state authorities access to my records of your flock for the purpose of External Audit.

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|  | | |  |  | | | |
| Signature of Approved Veterinarian | | | | Signature of owner / owner's representative | | | |
| Date: |  |  | | Date: |  |  |

1. For the purposes of the program, a flock includes all sheep managed as a separate and discrete unit in terms of physical contact with other groups of eligible species. All sheep and eligible species grazed together or at any time, during a 12-month period on the same land or sharing the same facilities are considered to belong to the same flock. [↑](#footnote-ref-1)