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| |  | | --- | | Notification of status **for flocks entering, continuing in, or leaving the**  **AUSTRALIAN JOHNE’S DISEASE MARKET ASSURANCE PROGRAM**  (to be submitted by the supervising Approved Veterinarian) |   **Owner/manager/property details** *(The manager is the contact person for all correspondence)* |
| |  |  | | --- | --- | | Owner’s name:  Trading name:  Property name:  Property address:  Web site: | Manager’s name:  Postal address:  Phone:  Fax:  Email: | | Property identification code (PIC): | LLS or region: |   **Status and testing details** |
| Current status and year obtained:       Certificate number:        Expiry date:       Test due:       External audit due: |
| Continuing status:  MN1  MN2  MN3  Vaccinating |
| Annual review date:        Extension requested to (date):        *(provide reason below)* |
| Any suspect sheep tested |
| Sample test  Maintenance test Date:       Lab report number: |
| Number of eligible animals:       Number of animals tested:  Flock size: |
| Discontinuing status:  Withdrawn (NA)  Disbanded (DB)  Infected (IN) |
| Comments/reason: |
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| **Flock details** |
| Meat  Dairy  Wool/fibre  Commercial  Breeding  Stud name: |
| Breeds:       *(list primary, secondary and tertiary breeds)* |
| **Approved Veterinarian** |
| Veterinarian: |
| Hospital/clinic: |
| Postal address: |
| Phone:       Mobile: |
| Fax:       Email: |
| *I confirm that the outcomes of annual review and testing support the continuing MAP status shown above, the flock manager and I have auditable records supporting this status, and the information in this notification is true and correct.* |
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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please correct and complete this notification form and send it to the MAP Administrator in your state. |
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