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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)* |
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| 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| Discontinuing status: [ ]  Withdrawn (NA) [ ]  Disbanded (DB) [ ]  Infected (IN)  |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:       |
| Page 1 of 2 |
| **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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| Page 2 of 2 |