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## SHEEP SHOW & SALE HEALTH DECLARATION

I.....  
of.....  
am the owner/authorised representative of the sheep detailed in the Schedule of Exhibits listed below.

**Please complete all four sections of this Health Declaration.**

### SECTION 1

BREED..... SOCIETY.....  
STUD NAME..... FLOCK NO.....  
EXHIBITOR..... No of Sheep entered.....  
Postal Address.....Postcode.....  
Telephone..... Fax.....  
Animal Health District/RLPB District (where applicable).....

**With respect to the property of origin and the sheep listed above, I make the following declaration:**

### SECTION 2

1. OVINE BRUCELLOSIS: Entire male sheep are from an Ovine Brucellosis Accredited Free Flock.

Accreditation No..... Expiry Date.....

2. EXTERNAL PARASITES: The sheep have been inspected by the owner/authorised representative and no evidence of lice or ked infestation has been found.

### SECTION 3

**OVINE FOOTROT:** It is the requirement of entry into Footrot Control Area that sheep from Footrot Residual Areas of NSW or Victoria are accompanied by a signed OWNER/VENDOR DECLARATION FORM.

**In addition, the sheep entered are from either:**

1. From an Accredited Footrot Free Flock

Accreditation No..... Expiry Date.....

or 2. From a Flock which is a certificate member of the Owner Declared Footrot Free Scheme. Certificate

No..... Expiry Date.....

or 3. A flock for which the owner/authorised representative has completed and signed the attached OWNER/VENDOR DECLARATION FORM.

### SECTION 4

**OVINE JOHNE'S DISEASE: (delete any clause not applicable)**

1. These sheep are from a Monitored Negative flock assessed under Australian Sheep Johne's Disease Market Assurance Program (Sheep MAP)

FLOCK STATUS..... CERTIFICATE NO..... EXPIRY DATE.....

and / or 2 These sheep originate from a Protected or Free Zone for Ovine Johne's Disease.

and / or 3 These sheep originate from a flock in a Control or Residual Zone which has been tested in the past 12 months with a negative result as certified on the attached Veterinary Certificate.

and / or 4 These sheep originate from a flock in a Control or Residual Zone where Johne's Disease is not known or suspected in flocks or on properties or land from which these animals originate or have been run during their life time, and each animal over 24 months of age has been tested for Johne's Disease with a negative result in the six months preceding the Show or Sale.

5. I undertake to advise the Veterinary Committee of the respect Agricultural Show Society if there is any new information which would alter the foregoing.

6. I acknowledge that the Agricultural Society relies on the above and I accept personal responsibility for its truth and accuracy.

7. I agree that the Agricultural Society can, at its discretion, contact official veterinary authorities regarding the above disease information relating to my flock.

Exhibitors may also need additional certification to move between Zones or between States, check with local veterinary authority.

**NOTE:** *Should the exhibitor be unable to complete the above Section 4 paragraph 3 Declaration but a control program is in progress, special consideration will be given and entries may be accepted providing that the history of the flock and animals, details of all tests carried out and the name of all veterinarians involved are supplied.*

**Owner / Authorised Representative**

Signed..... Date.....

*This information **MUST** reach the Agricultural Society in time to be reviewed before the closing date of entries.*

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