



NSW OVINE BRUCELLOSIS ACCREDITATION SCHEME
Veterinary Report and Recommendation for Re-accreditation

Owner/Manager/Property/Flock

(The manager is the contact person for all correspondence)

Owner's name:

Manager's name:

Trading name:

Postal address:

Property name:

Phone:

Property address:

Fax:

.....

Email:

.....

LLS Region:

Stud name:

PIC:

Certificate number:

Expiry date:

Current accreditation:

Recommended reaccreditation: [] Annual (A) [] Biennial (BR) [] Triennial (TR)

Extension requested to (date): Reason:

Total Number of sheep: Number of rams:

Management and Risk Assessment (attach list if insufficient space)

- Has a new owner agreement been signed by the flock owner & veterinarian? [] Yes [] No
If the flock owner or manager has changed since the last test, have you explained to them and do they understand the requirements of the scheme? [] Yes [] No [] NA
Have there been any significant flock management changes since the last test, e.g. flock relocated to new property or for agistment, flocks merged, new breed? [] Yes [] No. If so, are you satisfied that the rules of the Scheme as detailed in the 'Veterinarian's Guidelines' have been met? [] Yes [] No
Boundary and subdivision fence status:.....

CHECKLIST - please ensure all information required is enclosed
[] Veterinary Report and Recommendation for Re-accreditation form
[] Laboratory report(s)
[] Payment of \$176 re-accreditation fee (includes GST)
[] Completed Owner Agreement form

Please correct and complete this report form and send to:

MAP Administrator, NSW Department of Primary Industries, PO Box 232, Taree NSW 2430
Phone: 02 6552 3000, Email: bfs.admin@dpi.nsw.gov.au

Privacy Notice: The NSW Department of Primary Industries (NSW DPI) collects and holds personal information about livestock producers and veterinarians for the purposes of administration of the NSW Ovine Brucellosis Accreditation Scheme.

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Rams introductions since last test

Number Date Source Are rams from an accredited flock? Yes No

.....

Rams returned to property from shows

Number returned Date Show location

.....

Testing details (attach list if insufficient space)

Rams tested

Type	Number in group	Number palpated	Number bled	Date tested	Lab result	Lab report number
Sires						
Teasers						
Sale						
Other						

Details of individual rams tested due to palpable abnormality or reactor

Ram ID number	Test reason	Clinical findings	Date(s) tested	Lab result (serology, culture)	Lab report number

Copies of all laboratory reports attached

Comments:

Veterinarian

Veterinarian:

Hospital/clinic:

Postal address:

Phone:

Mobile:

Fax:

Email:

I declare that the information in this report is true and correct. Based on my risk assessment, clinical examination and testing, I recommend this flock be reaccredited under the Ovine Brucellosis Accreditation Scheme.

Signature: Date: