



NSW PORCINE BRUCELLOSIS ACCREDITATION PROGRAM
Veterinary Report & Recommendation for Re-accreditation

Owner/Manager (The manager is the contact person for all correspondence)

(Please print)

Surname(s): First Name(s):

Company Name:

Property Name:

Property Address:

Postal Address:

Phone: Fax:

PIC No.: Herd No.:

LLS:

Certificate number:

Expiry date: Current accreditation:

Recommended re-accreditation: Annual (A) Biennial (BI) Triennial (TR)

Extension requested to (date): Reason:

Total number of breeders on property: Total number of boars:

Management and Risk Assessment (attach list if insufficient space)

Has a new owner agreement form been signed by the herd owner and approved veterinarian? Yes No (both must keep a copy)

If the herd owner or manager has changed since the last blood testing, have you explained to them and do they understand the requirements of the Program? Yes No N/A

Have there been any significant herd management changes since the last blood testing e.g. herd relocated to new property, herds merged, new breed introduced? Yes No
If so, are you satisfied that the conditions and guidelines of the Program have been met? Yes No

Property boundary fence status:

Testing details

(Attach copies of all laboratory reports)

(Attach list if insufficient space)

Boars tested

Type	Number in group	Manually palpated?	Date blood tested	Laboratory	Laboratory result	Laboratory report number
Sire						
Teaser						
Sale						
Other						

Details of individual boars tested due to palpable abnormality or serological reactor

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

Comments:
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Approved Veterinarian

Veterinarian:

Registration No.:

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, manual boar examination and blood testing, I recommend this herd be re-accredited under the NSW Porcine Brucellosis Accreditation Program.

Signature: Date:

.....
Name (please print)

CHECKLIST – please ensure all required information is attached

- Veterinary report and recommendation for re-accreditation
- Copies of all laboratory reports
- Completed owner agreement form
- Payment of \$176 re-accreditation (including GST)

Please send this completed form and all attachments to: Julie Rose, MAP Administrator, NSW Department of Primary Industries, PO Box 3415, Albury NSW 2640, Fax 02 6051 7728, Phone 02 6051 7708 or 0428 489729, Email julie.rose@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 Porcine Brucellosis Accreditation Program. The supply of information is voluntary; however without it NSW DPI may not be able to accept the participation of the producer or veterinarian in the Program. NSW DPI may provide the information to Local Land Services to facilitate disease control and publishes a list of accredited herds on its website. A producer or their approved veterinarian may access and correct their personal information by contacting the NSW DPI MAP Administrator.