



NSW CAPRINE ARTHRITIS ENCEPHALITIS (CAE) 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:
Stud name: Local Land Service:
Property identification code (PIC):

Certificate number:

Expiry date:

Current accreditation:

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

Extension requested to (date): Reason:

Herd Details

Type of enterprise (dairy/fibre/meat/commercial):

Breed(s):

Eligible Goat Numbers: Bucks: Does: Wethers: Total

Property Inspection / Risk Assessment / Biosecurity

Do the fences and facilities meet the standard required in the CAE Accreditation Guidelines? Yes / No

Are suitable isolation areas provided? Yes / No

Are all eligible goats appropriately identified? Yes / No

Have you examined the movement and health records for each goat? Yes / No

Have any goats showed signs consistent with CAE since the previous CAE testing? Yes / No

Have any goats that have been introduced or left the property since the previous testing followed the CAE Accreditation Scheme Guidelines? Yes / No

Have any goats returning from non-accredited shows or sales followed the CAE Accreditation Scheme Guidelines? Yes / No

Do you have any reason to suspect there have been any breaches to the guidelines of the CAE Accreditation Scheme? Yes / No

Comments:

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Goat introductions since last test

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

Goats returned to property from shows

Number returned Date Show location

Testing details (attach list if insufficient space)

Goats tested

Table with 6 columns: Type, Number in group, Number bled, Date tested, Lab result, Lab report number

Details of individual goats tested due to reactors

Table with 6 columns: Goat ID number, Test reason, Clinical findings, Date(s) tested, Lab result (serology, culture), Lab report number

CHECKLIST – please ensure all information required is enclosed

- Veterinary Report and Recommendation for Re-accreditation form
 Laboratory report(s)
 Completed Owner Agreement form

Veterinarian:

Hospital/clinic:

Postal address:

Phone:

Mobile:

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 herd be reaccredited under the Caprine Arthritis Encephalitis (CAE)

Signature: Date:

Please correct and complete this report and send or email to:

MAP Administrator, NSW Department of Primary Industries, PO Box 232, Taree NSW 2430,

P: 02 6552 3000, Email: bfs.admin@dpi.nsw.gov.au