## **British Goat Society Monitored Herd** BLOOD SAMPLES FOR CAPRINE ARTHRITIS ENCEPHALITIS (CAE) SEROLGY.

To be completed in BLOCK CAPITALS and in black ink

From: (name & full postal address of veterinary surgeon who collected samples). Print in space below.

## B.G.S. Office use only

Herd Ref:

To VIC/Lab	
Date of Sampling	-
Number of SamplesRef.	No:
TICK SECTION THAT APPLIES	
	1st Test
	2nd Test
BGS Monitored Herd Qualifying (Test)	3rd Test
Check Test (including breakdown)	
Added Animals	
Yearly Whole Herd Test	
Other (give brief description)	

Add below address where animals are kept if different

BGS Member No:\_

Name & Address of Owner

Signature: \_\_\_\_

\_ being the owner/owner's agent of the goats listed below, declare that these animals constitute all of I those to be tested under the B.G.S. regulations for the Monitored Herd Scheme.

I declare also that sheep housed or running with the goats are/are not MV negative tested (delete as appropriate)

\_\_\_\_\_ Veterinary Surgeon

Signature of owner/owner's agent.

Tube Ref:	Ear ID	Animals Name	Breed	Sex	Date of Birth	CAE Result

LAB USE ONLY

AUTHORISED SIGNATURE/STAMP

COMMENTS

Continuation Sheet No:\_\_\_\_

\_\_\_\_

Lab Reference No: \_\_\_\_

B.G.S. Office use only

Herd Ref:

## **BRITISH GOAT SOCIETY CONTINUATION SHEET** BLOOD SAMPLES FOR CAPRINE ARTHRITIS ENCEPHALITIS (CAE) SEROLGY.

Date of Sampling:\_

Signature of Veterinary Surgeon Taking Samples

Tube Ref:	Ear ID	Animals Name	Breed	Sex	Date of Birth	CAE Resul

LAB USE ONLY

AUTHORISED SIGNATURE/STAMP COM

COMMENTS