## British Goat Society Non Monitored Herd Herd Herd Ref:

B.G.S. Office use only

be completed in BLOCK CAPITALS and in black ink om: (name & full postal address of veterinary surgeon who collected samples). nt in space below.			To VIC/Lab			
· · · · · · · · · · · · · · ·						ef. No:
		W. d. d. d. G	TICK SECTION THAT APPLIES  NOTE FOR OWNERS: PLEASE USE THE MONITORED HERD FORM IF YOU THINK YOU MAY WISH TO APPLY FOR MONITORED HERD STATUS LATER.  Yearly Herd Test			
me & Address of Owner		veterinary Surgeon	Individual Animals OTHER (give brief details)  Add below address where animals are kept if different			
Member No:						
I declare also that sh	neep housed or running	being the owner/owner's ag with the goats are/are not MV negative	ve tested (delete a	isted below, d s appropriate)	eclare that these a	nimals constitute m
Tube Ref:	Ear ID	Animals Name	Breed	Sex	Date of Birth	CAE Result

Continuation Sheet No:	Lab Reference No:	B.G.S. Office use only
BRITISH GOAT SOCIETY CO		Herd Ref:
BLOOD SAMPLES FOR CAPRINE AR	THRITIS ENCEPHALITIS (CAE) SEROLGY.	

Signature of Veterinary Surgeon Taking Samples

Date of Sampling:\_\_\_\_\_

Tube Ref:	Ear ID	Animals Name	Breed	Sex	Date of	CAE
					Birth	Resul
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LAB USE ONLY	AUTHORISED SIGNATURE/STAMP	COMMENTS	