British Goat Society CAE Monitored Herd

BLOOD SAMPLES FOR CAPRINE ARTHRITIS ENCEPHALITIS (CAE) SEROLOGY.
To be completed in BLOCK CAPITALS and in black ink

B.G.S. Office use only
Herd Ref:

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

To VIC/Lab _____

Date of Sampling _____

Number of Samples _____ **Ref. No:** _____

TICK SECTION THAT APPLIES

	1st Test	
BGS Monitored Herd Qualifying (Test)	2nd Test	
Check Test (including breakdown)		
Added Animals		
Whole Herd Test		
Other (give brief description)		

Signature: _____ **Veterinary Surgeon**

Name & Address of Owner

_____

_____

_____

add below address where animals are kept if different from owner address

_____

_____

BGS Member No: _____ Email address: _____
The SAC will email the results directly to you and your veterinarian.

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

I declare that these goats have/have not been in contact with Maeda Visna untested sheep in the last twelve months (delete as appropriate).

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

Name of Herd Owner_____

_____

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

LAB USE ONLY	AUTHORISED SIGNATURE/STAMP	COMMENTS