

British Goat Society Non 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

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

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	
Individual Animals	
OTHER (give brief details)	

Signature: _____ Veterinary Surgeon

Name & Address of Owner

Add below address where animals are kept if different

BGS Member No: _____

I _____ being the owner/owner's agent of the goats listed below, declare that these animals constitute my whole herd.

I declare that these goats have/have not been in contact with Maedi 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