British Goat Society Submission Form BLOOD SAMPLES FOR CAPRINE ARTHRITIS ENCEPHALITIS (CAE) SEROLOGY.

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

To VIC/Lab		
Date of Sampling		
Number of Samples	Ref. No:	
TICK SECTION THAT APPLIES		
Yearly Herd Test		
Individual Animals		
OTHER (give brief details)		
		Γ

Signature: Veterinary Surgeon

Name & Address of Owner

Add below address where animals are kept if different

BGS Member No:____

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

T herd.

I declare that these goats have/have not been in contact with Maeda Visna untested sheep in the past 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