

Part 1 of this form to be completed by the veterinary surgeon and owner at the time of the whole herd CAE test and retained by the owner. Part 2 to accompany the blood samples to the testing agency.

British Goat Society Submission Form

BLOOD SAMPLES FOR CAPRINE ARTHRITIS ENCEPHALITIS (CAE) SEROLOGY.

B.G.S. Office use only

Herd Ref: _____

Part 1 (Part 2 must be completed at the same time)

Name of owner: _____

BGS membership number: _____

Holding number: ____/____/____

Date of
Sampling:

____/____/20____

Veterinary Surgeon's Declaration

To the best of my knowledge and belief, I, _____, the veterinary surgeon

for the herd of goats belonging to _____ confirm that:

1. the goats listed on subsequent pages of this certificate constitute the whole herd of goats of all breeds and types over one year of age on the date of testing on the same holding.
2. the goats listed on the subsequent pages of this certificate are either* i) kept separate from any sheep not tested for Maedi Visna or ii) any sheep on the holding are tested negative for Maedi Visna. (*delete as applicable)
3. I have seen whole herd negative CAE test certificates for any goats brought on to the holding in the previous 12 months that are not included on part 2 of this form.
4. there have been no goats on this holding that have tested positive for CAE in the previous six months.

Signed _____
Veterinary Surgeon

Date ____/____/20____

Owner's Declaration

I, _____ being the owner of the goats listed in part 2 of this certificate, declare that:

1. the animals listed on part 2 of this certificate constitute my whole herd of goats of any breed or type on this holding.
2. the goats listed on the subsequent pages of this certificate are either* i) kept separate from any sheep not tested for Maedi Visna or ii) any sheep on the holding are tested negative for Maedi Visna. (*delete as applicable)
3. any goat that has been moved on to the holding in the previous 12 months has been entered into the movement book for the holding.
4. there have been no goats on this holding that have tested positive for CAE in the previous six months.

Signature of owner _____

Date ____/____/20____

This certificate is not valid unless accompanied by part 2 listing the animals tested and the test result.

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B.G.S. Office use only

Part 2 (not valid unless accompanied by part 1)

Herd Ref: _____

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).

To VIC/Lab _____

Date of Sampling _____

Number of Samples _____ Ref. No: _____

TICK SECTION THAT APPLIES

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: _____

	Tube Ref:	Ear ID	Animals Name	CAE Result
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

LAB USE ONLY	AUTHORISED SIGNATURE/STAMP	COMMENTS

Part 1 of this form to be completed by the veterinary surgeon and owner at the time of the whole herd CAE test and retained by the owner. Part 2 to accompany the blood samples to the testing agency.

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) SEROLOGY.**

Date of Sampling: _____

Signature of Veterinary Surgeon Taking Samples _____

Name of Herd Owner: _____

	Tube Ref:	Ear ID	Animals Name	CAE Result
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				

LAB USE ONLY	AUTHORISED SIGNATURE/STAMP	COMMENTS