

To be prepared in triplicate
ORIGINAL: to accompany Stock *en route*
DUPLICATE: to Chief Inspector of Stock
 GPO Box 1671
 Adelaide, SA 5001
 Fax 08 82077852

FORM 2 - SOUTH AUSTRALIA

LIVESTOCK ACT, 1997

July 2004

This form is to be retained at the destination for a minimum of 12 months

HEALTH CERTIFICATE FOR GOATS ENTERING SOUTH AUSTRALIA

MOVEMENT MUST COMMENCE WITHIN 7 DAYS OF ISSUE OF THIS CERTIFICATE.

Persons in charge of stock entering SA without an accompanying Health Certificate may incur an on the spot fine and the stock may be placed under movement restrictions

PART 1. DECLARATION BY OWNER OR MANAGER OF STOCK

(BLOCK LETTERS) I,Address

Post Code.....in the State/Territory of, being the owner/manager of the stock described hereunder, declare that I have inspected the stock and believe they are in good health, do not come from a herd under any form of official movement restriction and the herd is free from footrot and Johne's disease or the suspicion of footrot and Johne's disease. In addition, the stock have not within a period of one (1) year preceding the date of this declaration been in direct contact with stock infected with footrot, and have not been vaccinated against footrot.

PARTICULARS OF STOCK (Attach list if necessary)

Number	Species	Sex	Age	Description	Ear Tag/Mark/Brand

Origin of Stock: Owner name:

Address:Property Location:State.....

SA Destination: Owner name:

Address:Property Location:

Carrier (name)..... Point of entry into SA..... Expected date of entry

Agent Name.....Address.....

SPECIAL CONDITIONS (Tick appropriate box)

The goats in Part 1 above are/were:

- 1 from SA, returning direct to SA from a show/sale interstate where footrot and ovine & bovine Johne's disease restrictions were in place, or
- 2 consigned to the live export trade or consigned direct to an abattoir for immediate slaughter, or
- 3 were born on and consigned from a property in the Victorian municipal area known as the Mildura Rural City Council

(NOTE: If Box 3 is ticked, Parts 2 (Box A) & 3 overleaf must be completed)

If NO BOX is ticked under Special Conditions, Parts 2, and 3 (overleaf) must be completed.

I make this declaration conscientiously believing that the information I have provided in this form is true and correct.

Declared at..... in the State/Territory of..... Date.....

Signed: Witness:
 (Owner/Manager only: Agent cannot sign here.)

PART 2. FOOTROT (Tick & complete either Box **A** or Box **B**)

The goats described in Part 1 are free from footrot and are from :

<p>A <input type="checkbox"/> FOOTROT PROTECTED AREAS (Area proclaimed by the State authority as having a footrot prevalence for herd infection of less than 1%) or <input type="checkbox"/> MILDURA RURAL CITY COUNCIL AREA</p> <p>Declaration by <u>Owner/Manager of Property of Origin</u></p> <ul style="list-style-type: none"> • The goats described in Part 1 have been examined by me for footrot and footscald within the previous 21 days and no footrot was observed, and • All feet of any lame goats were examined, and • Where footscald (benign footrot) was present, samples from lesions on at least five affected goats (or all affected goats if less than five) were found to be negative by the gelatin gel test. <p>Signed Date.....</p>	<p>B <input type="checkbox"/> OTHER AREAS OF AUSTRALIA</p> <p style="text-align: center;">Declaration by <u>Inspector of Stock</u></p> <p>The goats in Part 1:</p> <ul style="list-style-type: none"> • have been examined by me for footrot and footscald within the previous 21 days and no footrot was observed, and where footscald (benign footrot) was present, samples from lesions on at least five affected animals (or all affected animals if less than five) were found to be negative by the gelatin gel test, or • are moving direct from a market that was inspected by an Inspector of Stock and in which no virulent footrot was found and the consignment has no evidence of footscald. <p>Signed.....Date.....</p> <p>Name.....</p> <p>Telephone</p>
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PART 3. JOHNE'S DISEASE (JD) (Either tick and complete appropriate parts OR attach a completed Animal Health Statement in relation to Ovine Johne's Disease. **(For goats, Johne's disease status includes Bovine [cattle] and Ovine [sheep] Johne's Disease.)**)

<input type="checkbox"/> From OJD Very Low Prevalence Area or Low Prevalence Area and is not suspected or known to be infected	<p>No requirement</p>
<input type="checkbox"/> From OJD Medium Prevalence Area	<input type="checkbox"/> The goats in Part 1 have a status of MN1 or better under GoatMAP respectively or have been tested to a level equivalent to MN1 status or better in the previous 12 months (TMS herd). GoatMap Certificate No.....Expiry Date/...../..... TMS herd: Date of most recent test/...../..... and Lab Number
<input type="checkbox"/> From OJD High Prevalence Area	<input type="checkbox"/> The goats in Part 1 have a status of MN2 or better under GoatMAP. GoatMAP Certificate No.....Expiry Date/...../.....

Notes:

- Prevalence Areas can be confirmed with your local Agriculture Dept. or equivalent.
- The goats must travel direct to their destination in South Australia.
- MAP means Market Assurance Program for Goats under the National Johne's Disease Program.
- Information in relation to stock movements can be found on the PIRSA web site: www.pir.sa.gov.au
- Inspector of stock means a duly authorised inspector under State or Territory livestock legislation