## ALPACA AND LLAMA HERD HEALTH STATUS DECLARATION FOR SHOWS AND SALES

Provided by Federal Council of Agricultural Societies as part of showground biosecurity and the management of animal health

## THIS FORM IS NOT ACCEPTABLE AS AN ENTRY PERMIT FOR MOVEMENTS TO OTHER STATES AND / OR ZONES

## **OWNER / EXHIBITOR DECLARATION**

Trading Name:					
Address:				Postcode:	
Property Address: (Property Name, Rural Road & Number)			Post	code:	
Telephone:	Fax:	Proper	ty Identification Code	(PIC):	
Sale / Show:		PIC:	PIC: Date:		
ANIMAL IDENTIFICATION: (attack	n list if necessary)				
Total number of alpaca / llama:		T			
Name	Date of Birth	Male / Female	Huacaya or Suri	I.A.R No.	
Note: A show or sale may want to use onl	y higher entry requirements below	w and may delete one or m	nore clauses that do not meet	this standard.	
I, Owner / Manager / Exhibitor (e	nter name):				
Of (enter address):					
Declare that with regard to Johne infected or suspect status for Box	•		h apply) the herd does	not have an	
1. The alpaca/llama identified al		e Zone			
2. The alpaca/llama identified abo	ove originate from assessed	herds under the Alpad	caMAP with status attair	ned indicated.	
eg.MN1 ✓ 2003: MN	I <b>1</b> 🗌 (year) <b>M</b> I	<b>N2</b> 🗌 (year)	MN3 🗌 (yea	ar)	
	Certificate No.:	Expiry Date:			
OR 2.1. The alpaca identified abov no reason to suspect that.	e originate from a herd that ohne's disease exists on the	<u> </u>	t for entry to the Alpaca	aMAP and I have	
OR 2.2. The alpaca identified abov Program and satisfy the re	e originated from a herd tha quirements for the MN1 eq		Australian Alpaca Associ	ation's Q-Alpaca	
	0.:	Expiry Date:			
OR 2.3. The alpaca/llama identified	d above originate from a he	rd that has been Chec	k Tested Negative (CT) i	n the past 12	
months Date Tested:	Ар	proved Veterinarian: .			
OR 2.4. Where applicable the alparegistered veterinarian wit	ca identified above which a h negative results within 6 i				
OR 2.5. The alpaca/llama identified	d above originate from a he	rd that has not been a	ssessed		
Exhibitors may also need adveterinary authority. The abcomplete, true and correct.					
Signature:			Date:		