

CAE MONITORED FREE SCHEME – Annual Herd Test*/Quarantine Test*/Infected herd* (*delete as applicable)

OWNER'S DETAILS

Owner.....
Address.....
Address.....
County..... Postcode.....
E-mail address..... Tel. no.....
CPH number _ _ / _ _ _ / _ _ _ _ UK Herd number.....
Breeds in scheme.....

VET PRACTICE DETAILS (or use practice stamp)

Practice name.....
Address.....
Address.....
Town.....
County.....
Postcode..... Tel. no. Sampling vet.....

DATE OF SAMPLING..... TOTAL NO. BLOOD SAMPLED..... NO. OF BILLIES SAMPLED.....
NO. OF ADULT FEMALES IN HERD..... NO. OF BILLIES IN HERD.....
NO. OF SEPARATE GROUPS WITHIN HERD..... NO. OF QUARANTINED GOATS SAMPLED.....
OPTION: MINIMUM 3 METRE GAP BETWEEN NEIGHBOURING HERDS & DOING TWO-YEARLY TESTING YES / NO

Flock owner/manager declaration:

I confirm that I am abiding by the rules of the CAE Monitored Free Scheme

I acknowledge that after the first clear test any goats to be added to the herd must be CAE accredited, CAE Monitored Free or have a negative CAE blood test before being added

Signature Date.....

Veterinary Surgeon declaration:

I have inspected the herd's movement records. To the best of my knowledge the herd is complying with the rules of the CAE Monitored Free Scheme

SignatureMRCVS Date.....



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