

# Western Australian Ovine Brucellosis Accreditation Scheme

Form 1a

Tel: (08) 9821 3333

#### Application to join the scheme

Forward to: obas@dpird.wa.gov.au

Judy Burson (08 9821 3220)

Department of Primary Industries and Regional Development

10 Dore Street Katanning WA 6317

I			
of			

apply to have my/our sheep breeding flock accredited under the Western Australian Ovine Brucellosis Accreditation Scheme.

#### I agree that:

- 1. I have read the operating guidelines for the Scheme and will abide by conditions set down in the guidelines.
- 2. The Department of Primary Industries and Regional Development will have no liability accruing to it from property inspections, clinical examinations, blood sampling or laboratory testing.
- 3. All facilities necessary for testing, handling and management of the flock to maintain accreditation will be provided.
- 4. All rams to be accredited will be individually and permanently identifiable to the satisfaction of the examining registered veterinary surgeon and as required by the National Livestock Identification System, and the Biosecurity and Agriculture Management (Identification and Movement of Stock and Apiaries) Regulations 2013.
- 5. I enclose the required application fee (\$340.31 GST inclusive) payable to the Department of Primary Industries and Regional Development.
- 6. I will pay at the due time the required re-accreditation fee (\$205.12 GST inclusive) to the Department of Primary Industries and Regional Development immediately on receiving the requisite advice and prior to the issuing of a re-accreditation certificate.
- 7. The Department of Primary Industries and Regional Development will, as long as my flock remains accredited, publish on the department website at www.agric.wa.gov.au my contact details and the breed of my accredited rams as provided in Part B, and the date until which accreditation is valid.

Date	Signature of owner
Name of witness	Signature of witness



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#### Ovine Brucellosis Scheme Data Sheet Form 1b

Owner details		
Name:		
Postal address:		
Trading name:		
Telephone: Mobile:		
Email:		
Property details		
Stud name:		
Address of property for accreditation:		
Property identification code (PIC):		
Testing veterinarian		
Name:		
Postal address:		
Telephone: Mobile:		
Email:		
Flock details		
Number of rams: Number of teasers:		
Breed of rams:		
Stock brand:		
Society brand:		
Accreditation Fee \$340.31 (incl. GST)		
I have enclosed a cheque for \$340.31, or		
I have paid via credit card through the Katanning Office (0)8 983 or Albany Office (0)8 9892 8444	21 3333	



### **Producer and Veterinary Declaration**

Form 2

Tel: (08) 9821 3333

Owner:	
arm address:	
1. I,, the owner of the range flock at the above address, and for which herd an application for accreditation has been lodged with the Department of Primary Industries and Regional Development certify that all rams over the age of six months have been presented for clinic examination and the collection of blood samples on / / (date).	as nt,
Owner signature:	
2. I,, a registered vetering surgeon, certify that I have clinically examined all rams* (see footnote below presented on / / (date) (owner)	ow)
at(location	on)
and that all blood samples for Ovine Brucellosis testing are individually identified as requir ick appropriate boxes:	ed.
No clinical cases of epididymitis are present in the herd.	
Clinical cases are indicated in the 'comments' column on the laboratory continuat sheet submitted with the blood samples.	ion
This test is for:	
☐ Initial accreditation – 1 <sup>st</sup> test☐ Initial accreditation - 2 <sup>nd</sup> test☐	
Re-accreditation	
Part flock   Whole flock   Introductions   Other	
Registered veterinarian signature:	

**Accreditation** - all rams >10months of age and any rams 6-10 months of age with palpable testicular abnormalities, and for **Reaccreditation** - all rams >10 months of age - NB. a sample of the sale rams 10-12 months of age is acceptable (see 2.2.4 of Guidelines for the minimum number of sale rams that need to be tested).



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### Ovine Brucellosis Accreditation Scheme Testing Form 3

DPIRD Diagnostic Laboratory Services (DDLS	6)
3 Baron-Hay Court,	
South Perth, WA, 6151	
Name:	PIC:
This test is for:	
□ Initial accreditation – 1 <sup>st</sup> test □	Initial accreditation - 2 <sup>nd</sup> test
□ Re-accreditation	
☐ Introductions - 1 <sup>st</sup> test ☐ Introduction	ns - 2 <sup>nd</sup> test
tubes or Vacutainers that are tested for sessential to promote clot reaction and avo	e collected into 5ml or 10ml plastic screw cap serum serum separation. The use of the correct tube is id haemolysis. Tubes containing lithium heparin or na is not suitable for complement fixation tests.
For more details consult the DPIRD Diagno	ostic Laboratory Service Manual.

Sample no.	Animal no.	Breed	Result	Comments



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Protect Grow Innovate

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## **Private Veterinarian Biosecurity Declaration**Form 4

	Judy Burson (08 9821 3220) Department of Primary Industries and Regional Development 10 Dore Street Katanning WA 6317	
I have inspec	ted the property where the ram flock owned by	hald at
the property l	known as	
	Tiown as	
PIC:		
	I with the biosecurity of the property to ensure the flock remainudes adequate fencing to contain the ram, ram lambs and other	
Brucellosis A	are aware of their responsibilities regarding the scheme (outlinccreditation Scheme Operational Guidelines) including the img and quarantine of new stock entering the property.	
Name		
Signature	<del></del>	
Date	//20	



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### **Property Plan**

Form 5

Please attach a plan of the property for accreditation. This should be approximately to scale and show:

- Location numbers and access road names
- Boundary and sub-divisional fences
- Names of adjoining neighbours
- Types of fences