Western Australian Ovine Brucellosis Accreditation Scheme

Application to Join the Scheme

FORM 1a

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

Kristine Rayner
Department of Primary Industries and Regional Development - Agriculture and Food
PO Box 1231
Bunbury WA 6231

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 Scheme, and the Biosecurity and Agriculture Management (Identification and Movement of Stock and Apiaries) Regulations 2013.

5. I enclose the required application fee ($310.00 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 ($186.00 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

Department of Primary Industries and Regional Development
Postal address: PO Box 1231, Bunbury, WA, 6231
Telephone: (08) 9780 6235
Ovine Brucellosis Scheme Data Sheet

Form 1b

Owner Details
Name: _____________________________________________________________
Postal address: ______________________________________________________
Trading name: _______________________________________________________
Telephone: __________________________________________________________
Mobile: _____________________________________________________________
Email: ______________________________________________________________

Property Details
Property or 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 $310.00
I have enclosed a cheque/money order for $310.00
I have paid via credit card through the Katanning Office (08) 9821 3333
Producer and Veterinary Declaration

FORM 2

OVAC: ____________ Owner: __________________________________________

Farm address: ________________________________________________________

1. I, ____________________________________________ , the owner of the ram 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 clinical examination and the collection of blood samples
on     /     /     (date).

Owner signature: _______________________ 

2. I, _________________________________, a registered veterinary
surgeon, certify that I have clinically examined all rams* (see footnote below) presented on     /     /     (date) by ________________________________________________ (owner)
at _________________________________ (location)

and that all blood samples for Ovine Brucellosis testing are individually identified as required.

Tick appropriate boxes:

☐ No clinical cases of epididymitis are present in the herd

☐ Clinical cases are indicated in the “Comments" column on the laboratory continuation
sheet submitted with the blood samples.

This test is for:

☐ Initial accreditation – 1st test ☐ Initial accreditation - 2nd test

☐ Re-accreditation

☐ Part flock ☐ Whole flock ☐ Introductions ☐ Other

Registered veterinarian signature: ____________________________

*accreditation - all rams >10 months 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).'
Ovine Brucellosis Accreditation Scheme Testing

DAFWA Diagnostic Laboratory Services (DDLS)
3 Baron-Hay Court,
South Perth, WA, 6151

Name: _______________________________ Laboratory No.: ____________

This test is for:

- Initial accreditation – 1\textsuperscript{st} test
- Initial accreditation - 2\textsuperscript{nd} test
- Re-accreditation
- Introductions - 1\textsuperscript{st} test
- Introductions - 2\textsuperscript{nd} test
- Other ______________________

A minimum of 4ml of whole blood should be collected into 5ml or 10ml plastic screw cap serum tubes or Vacutainers that are tested for serum separation. The use of the correct tube is essential to promote clot reaction and avoid haemolysis. Tubes containing lithium heparin or EDTA anticoagulants are unsuitable. Plasma is not suitable for complement fixation tests.

For more details consult the DAFWA Diagnostic Laboratory Service Manual.

<table>
<thead>
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<th>Sample No.</th>
<th>Animal No.</th>
<th>Breed</th>
<th>Result</th>
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Private Veterinarian Fencing Declaration

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

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Department of Primary Industries and Regional Development - Agriculture and Food
PO Box 1231
Bunbury WA 6231

I have inspected the property where the ram flock owned by

_____________________________________________________________________________

held at

the property known as

_____________________________________________________________________________

located at

_____________________________________________________________________________

PIC: ___________ OVAC: ___________

I found the fences to be (tick appropriate box):

☐ adequate to contain the rams, ram lambs and other sheep
☐ in need of upgrading

Name ______________________________

Signature ____________________________

Date ........../........./.........
Property Plan

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