



# Western Australian Ovine Brucellosis Accreditation Scheme

Form 1a

## Application to join the scheme

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

Leigh Sonnemann  
Department of Primary Industries and Regional Development  
3 Baron Hay Court  
South Perth WA 6151

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 (\$323.13 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 (\$194.76 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](http://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



# 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 \$323.13 (GST incl.)

I have enclosed a cheque for \$323.13 (GST incl.), or

I have paid via credit card through the Katanning Office (08) 9821 3333



# Producer and Veterinary Declaration

## Form 2

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 – 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).



# Ovine Brucellosis Accreditation Scheme Testing Form 3

DPIRD Diagnostic Laboratory Services (DDLs)  
 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    Introductions - 2<sup>nd</sup> 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 DPIRD Diagnostic Laboratory Service Manual.**

Sample no.	Animal no.	Breed	Result	Comments



# Private Veterinarian Biosecurity Declaration

## Form 4

Forward to: [obas@dpird.wa.gov.au](mailto:obas@dpird.wa.gov.au)

Leigh Sonnemann  
Department of Primary Industries and Regional Development  
3 Baron Hay Court  
South Perth WA 6151

I have inspected the property where the ram flock owned by \_\_\_\_\_ held at  
the property known as \_\_\_\_\_  
located at \_\_\_\_\_

PIC: \_\_\_\_\_

I am satisfied with the biosecurity of the property to ensure the flock remains *Brucella ovis* free. This includes adequate fencing to contain the ram, ram lambs and other sheep.

The owners are aware of their responsibilities in regards to the scheme (outlined in the Ovine Brucellosis Accreditation Scheme Operational Guidelines) including the implementation of correct testing and quarantine of new stock entering the property.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date .../...../20.....



# 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