

British Goat Society Submission Form

B.G.S. Office use only – Herd ref:

BLOOD SAMPLES FOR CAPRINE ARTHRITIS ENCEPHALITIS (CAE) AGIDT/ELISA (DELETE AS APPROPRIATE)

To be completed in BLOCK LETTERS and in black ink.

From: (name and full postal address of veterinary surgeon who collected samples) print in space below

[_____]

[_____]

Signature _____ **Veterinary Surgeon**

Name and Address of Owner

To VIC/Lab _____

Date of Sampling _____

Number of samples _____ ref number _____

NOTE FOR OWNERS: PLEASE USE THE MONITORED HERD FORM IF YOU THINK YOU MAY WISH TO APPLY FOR MONITORED HERD STATUS LATER.	
YEARLY HERD TEST	
INDIVIDUAL ANIMAL (S)	
Other (give brief explanation)	

Add below address where animals are kept if different

I.....being the owner / owner's agent of the goats listed below declare that these animals constitute my whole herd.

I declare also that sheep housed or running with the goats are / are not MV negative tested. Delete as appropriate.

Signature of owner / owner's agent

Tube Ref.	Ear Mark	Animals Name	Breed	Sex	Date of Birth	CAE Result
	L					
	R					
	L					
	R					
	L					
	R					
	L					
	R					
	L					
	R					
	L					
	R					
	L					
	R					

LAB USE ONLY	AUTHORISED SIGNATURE/STAMP	COMMENTS

