

QUEENSLAND CAPRINE RETROVIRUS CONTROL SCHEME APPLICATION



(To be completed in duplicate. One copy, together with the Property Inspection Report, to be forwarded to the local DPI&F Veterinary Officer. One copy to be retained by the owner)

I/We*
(full name of owner(s) - please print)

being the owner(s) of the herd of goats detailed below.

Main breed Additional Breeds

Stud Name DPI&F Property Identification Code

Stud Address

Owner's Residential Address

.....

Telephone Number

hereby make application to have my/our* herd tested as part of the Queensland Caprine Retrovirus Control Scheme.

I/We* do hereby agree to comply with the protocol of the scheme.

I/We* do understand that I/we* may withdraw from the scheme at any time by notifying the Chief Veterinary Officer in writing. My/our* herd testing program will be undertaken by the following Veterinary Practitioner.

Name of Veterinary Practitioner

Address

.....

Owners Signature(s)

Date/...../.....

.....

Office Use Only

Application recommended

Veterinary Officer

Date/...../.....

***Delete the non-applicable word.**