

**QUEENSLAND CAPRINE RETROVIRUS CONTROL SCHEME**  
RECOMMENDATION OF  
VETERINARY PRACTITIONER FOR HERD  
CERTIFICATION / RE-CERTIFICATION *(delete one)*



*(To be forwarded to the local DPI&F Veterinary Officer)*

I .....  
(Name of Veterinary Practitioner)

.....  
(Address)

a Veterinary Practitioner registered in Queensland have tested the herd of

Owners Name .....

Address .....

Breed ..... No. animals .....

DPI&F Property Identification Code .....

Property Name & Address .....

according to the protocol of the Scheme with test results as appended and recommend that this herd be certified/re-certified *(delete one)* with the Caprine Retrovirus Control Scheme.

Dates of tests completed for certification / re-certification: .....

.....  
(Veterinary Practitioner)

Results of tests to be appended to this form.

.....  
(Date of Signature)

To be accompanied by owner's payment of current fee.

**Office Use Only**

Veterinary Officer's approval 

Name	Signature	Date
<input type="text"/>	<input type="text"/>	/ /

Amount Paid	Receipt Number	Date	DPI&F Office	Initials
<input type="text"/>	<input type="text"/>	/ /	<input type="text"/>	<input type="text"/>

CRV Coordinator 

Name	Signature	Date
<input type="text"/>	<input type="text"/>	/ /

New Status	Expiry Date
<input type="text"/>	/ /