

Johne's Disease Declaration

I, Owner/Manager/Exhibitor(print name) _____

Of (print address) _____

With regard to Johnes Disease, the cattle identified above (tick as appropriate):

1) originate from a Free Protected Control Residual Zone for
BJD

2.1) originate from assessed herds under the Cattle MAP, with status attained in the
year indicated: eg

MN1 _____ TN1 _____ TN2 _____ MN _____

Herd Status Certificate No: _____

Date of expiry _____ OR

2.2) originate from herds that have not been assessed for JD (ie Non Assessed Status)
_____ OR

2.3) originate from herds that have been Check Tested negative (ie CT)
in the past 12 months _____ Date Tested - _____
Approved Veterinarian _____

3) if are over 2 years of age or older, have been blood tested by a registered
veterinarian using the aborbed ELISA test with negative results within 6 months
before the date of the show/sale/exhibition

4) if less than 2 years of age, the dam will be tested

5) originate from Restricted (RD) or Tested Low Prevalence (TLP) herds that are
under strict regulatory control and

- * have been undertaking official, audited test and control programs for a minimum
of 2 years, and
- * they, or their dams, have been tested with negative results as part of at least the
last two _____ annual herd tests: and
- * are not officially listed as "at risk" cattle for the particular herd: and
- * have been tested negative within 3 months of the date of the show

Exhibitors may also need additional certification to move between Zones or between
states Check with local veterinary authority

** The above information, including the description of the animals and property/ies
of origin is complete, true and correct

Signed: _____ Date: _____