

British Goat Society Monitored Herd

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 _____

TICK SECTION THAT APPLIES:	
1st TEST	
2nd TEST	
3rd TEST	
BGS MONITORED HERD (QUALIFYING TEST)	
Check test (including breakdown)	
Added animals	
YEARLY WHOLE HERD TEST	
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 all of those to be tested under the B.G.S. regulations for the Monitored Herd scheme. 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					
	L					
	R					

LAB USE ONLY

AUTHORISED SIGNATURE/STAMP

COMMENTS

