

Q-ALPACA PROGRAM - FORM Q2

Agreement between Herd Owner/Manager and Overseeing Veterinarian

PART A

HERD OWNER/MANAGER UNDERTAKING TO OVERSEEING VETERINARIAN.

I, [Name] _____

of [Address] _____

Owner and / or Manager of the following alpaca herd (*Please tick*)

Stud name: _____

Property name: _____

Property Identification Code number (PIC no.): _____

Property street address: _____

Owner of alpaca herd (if different from above): _____

*(See * NOTE below about definition of a "herd")*

I specifically undertake to comply with all conditions of the Program and the laws of the State or Territory and that I shall:

1. Retain you as my veterinarian for this program until either of us revokes this agreement.
2. Provide to you the results of all previous examinations or tests conducted on animals in the herd and I authorise the State authority to provide you with information about the JD status of the herd and about previous testing undertaken in the herd.
3. Assist in the development of and the implementation of our agreed Herd Management Plan, and any plan to reduce the spread of any Emergency Animal Disease.
4. Present alpaca(s) for inspection as required.
5. Permanently identify all alpaca in the herd.
6. If required, following investigation of samples that indicate the presence of JD bacteria, or any Emergency Animal Disease, submit samples from other animals in the herd within an agreed period of time.
7. Not sell alpaca from the herd while the status of any suspect animal remains unresolved.
8. Advise you within 7 days of my becoming aware of any cases or suspect cases of Johne's disease or immediately of my becoming aware of any Emergency Animal Disease;
 - a. in this herd; or
 - b. in alpaca originating from this herd that are now located elsewhere, or
 - c. in another herd which contributed alpaca to this herd, or

- d. in animals in a neighbouring herd.
9. Only introduce alpaca into the herd from herds of the same or higher status.
 10. Only return alpaca attending shows and/or sales into the herd under pre-agreed conditions.
 11. Maintain records of the movements of any alpaca into and out of the herd, including the origin and destination of such alpaca and provide them to you on request.
 12. Provide copies of any documents required by Q-Alpaca Program for audit purposes.
 13. In the event of my herd being detected as infected or suspected of being infected with JD, I acknowledge that you and/or I have a legal responsibility to report this to the State authority.
 14. In the event of my herd being detected as infected or suspected of being infected with an Emergency Animal Disease, I acknowledge that you and/or I have a legal responsibility to immediately report this to the State authority.
 15. Advise you if the manager of the herd changes or, prior to any change, if there is any change in the land on which the herd is run.
 16. Ask you to conduct a post-mortem examination on any animal over 12 months of age that dies or is euthanised and on any cria under 12 months of age that is showing signs of emaciation or diarrhoea that dies or is euthanised.
 17. Alpacas that are 15 years of age or older are exempt from a necropsy (post mortem), unless they are showing clinical signs consistent with Johne's disease (the overseeing veterinarian must be involved in this determination).
 18. Alpacas that have died or been euthanised as a result of dog attack are exempt from a necropsy, unless they are showing clinical signs consistent with Johne's disease (the overseeing veterinarian must be involved in this determination).
 19. Any alpacas diagnosed with intestinal lymphomas or intestinal lymphosarcomas are sampled and examined by histopathology for Johne's disease.
 20. Participants who continually present alpacas that are too autolysed (decomposed) for a necropsy to be performed will be disqualified from Q-Alpaca for a period of at least 12 months

I understand that, if I fail to comply with any part of this Agreement, the membership of my herd in this Program may be revoked.

Name of person/s completing this form: _____

Date: _____ Signature: _____

Name of Overseeing Veterinarian: _____

* NOTE: For the purposes of the program, a herd includes all alpaca managed as a separate and discrete unit in terms of physical contact with other groups of eligible species. All alpaca and eligible species grazed together or at any time, during a 12-month period on the same land or sharing the same facilities are considered to belong to the same herd. The herd includes all agisted animals (alpaca and eligible species) on the property regardless of owner.

For the Q-Alpaca Program, eligible species include: alpaca, sheep, cattle, goats and deer.

PART B

OVERSEEING VETERINARIAN'S UNDERTAKING TO HERD OWNER

I, [Name] _____

of [Address] _____

hereby agree to comply with all conditions of the program and the laws of the State or Territory and specifically undertake that I shall:

1. Advise you on the program and on actions that you will need to undertake to comply with the program.
2. Develop with you a Herd Management Plan to reduce the risk of introduction of Johne's disease, other infectious diseases listed as Conditions in the Program, and any Emergency Animal Disease, into the herd.
3. Collect and submit samples as required to an approved laboratory.
4. Investigate suspected cases of Johne's disease or Emergency Animal Diseases in the herd by collecting the prescribed specimens from such alpaca for laboratory examination.
5. Provide you with a copy of the result of all tests and examinations undertaken for the purposes of this program in your herd.
6. Maintain detailed records of all examinations and testing which support and justify the allocated status of Q-Alpaca.
7. Assess your herd records and management relevant to the program every 12 months.
8. Assess the risk to the herd and consequently advise you whether to attend individual shows or sales.
9. Determine the status of your herd under the Program and issue you with a Form Q2, indicating continuing compliance with requirements of the Program
10. Advise the Registrar of the Q-Alpaca Program of any change in herd status

Name of participating Herd Owner/Manager: _____

Stud Name: _____

Name of overseeing Veterinarian: _____

Date: _____ Signature of overseeing veterinarian: _____