



Department of
Primary Industries and
Regional Development

Protect
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Western Australian Ovine Brucellosis Accreditation Scheme

Form 1a

Application to join the scheme

Forward to: obas@dpird.wa.gov.au

Judy Burson (08 9892 8445)

Department of Primary Industries and Regional Development

444 Albany Highway,

Albany WA 6330

I _____

of _____

apply to have my/our sheep breeding flock accredited under the Western Australian Ovine Brucellosis Accreditation Scheme.

I agree that:

1. I have read the operating guidelines for the Scheme and will abide by conditions set down in the guidelines.
2. The Department of Primary Industries and Regional Development will have no liability accruing to it from property inspections, clinical examinations, blood sampling or laboratory testing.
3. All facilities necessary for testing, handling and management of the flock to maintain accreditation will be provided.
4. All rams to be accredited will be individually and permanently identifiable to the satisfaction of the examining registered veterinary surgeon and as required by the National Livestock Identification System, and the Biosecurity and Agriculture Management (Identification and Movement of Stock and Apiaries) Regulations 2013.
5. I enclose the required application fee (\$374.34 GST inclusive) payable to the Department of Primary Industries and Regional Development.
6. I will pay at the due time the required re-accreditation fee (\$225.63 GST inclusive) to the Department of Primary Industries and Regional Development immediately on receiving the requisite advice and prior to the issuing of a re-accreditation certificate.
7. The Department of Primary Industries and Regional Development will, as long as my flock remains accredited, publish on the department website at www.dpird.wa.gov.au my contact details and the breed of my accredited rams as provided in Part B, and the date until which accreditation is valid.

Date

Signature of owner

Name of witness

Signature of witness



Ovine Brucellosis Scheme Data Sheet

Form 1b

Owner details

Name: _____

Postal address: _____

Trading name: _____

Telephone: _____ Mobile: _____

Email: _____

Property details

Stud name: _____

Address of property for accreditation: _____

Property identification code (PIC): _____

Testing veterinarian

Name: _____

Postal address: _____

Telephone: _____ Mobile: _____

Email: _____

Flock details

Number of rams: _____ Number of teasers: _____

Breed of rams: _____

Stock brand: _____

Society brand: _____

Accreditation Fee \$374.34 (incl. GST)I have enclosed a cheque for **\$374.34**, or☐I have paid via credit card through the Katanning Office (0)8 9821 3333
or Albany Office (0)8 9892 8444☐



Producer and Veterinary Declaration

Form 2

Owner: _____

Farm address: _____

1. I, _____, the owner of the ram flock at the above address, and for which herd an application for accreditation has been lodged with the Department of Primary Industries and Regional Development, certify that all rams over the age of six months have been presented for clinical examination and the collection of blood samples on / / (date).

Owner signature: _____

2. I, _____, a registered veterinary surgeon, certify that I have clinically examined all rams* (see footnote below) presented on / / (date) by _____ (owner) at _____ (location)

and that all blood samples for Ovine Brucellosis testing are individually identified as required.

Tick appropriate boxes:

- ☐ No clinical cases of epididymitis are present in the herd.
- ☐ Clinical cases are indicated in the 'comments' column on the laboratory continuation sheet submitted with the blood samples.

This test is for:

- ☐ Initial accreditation – 1st test ☐ Initial accreditation - 2nd test
- ☐ Re-accreditation
- ☐ Part flock ☐ Whole flock ☐ Introductions ☐ Other

Registered veterinarian signature: _____

Accreditation - All rams over 10 months of age and any rams 6-10 months of age with palpable testicular abnormalities are to be palpated and blood tested by the nominated veterinarian.

Reaccreditation - See section 2.2.2 of the [OBAS Guidelines](#) for further information.



Ovine Brucellosis Accreditation Scheme Testing Form 3

DPIRD Diagnostic Laboratory Services (DDLS)

3 Baron-Hay Court,
South Perth, WA, 6151

Name: _____ PIC: _____

This test is for:

- ☐ Initial accreditation – 1st test ☐ Initial accreditation - 2nd test
☐ Re-accreditation
☐ Introductions - 1st test ☐ Introductions - 2nd test ☐ Other _____

A minimum of 4ml of whole blood should be collected into 5ml or 10ml plastic screw cap serum tubes or Vacutainers that are tested for serum separation. The use of the correct tube is essential to promote clot reaction and avoid haemolysis. Tubes containing lithium heparin or EDTA anticoagulants are unsuitable. Plasma is not suitable for complement fixation tests.

For more details consult the DPIRD Diagnostic Laboratory Service Manual.

Sample no.	Animal no.	Breed	Result	Comments



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Private Veterinarian Biosecurity Declaration Form 4

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Department of Primary Industries and Regional Development
444 Albany Highway,
Albany WA 6330

I have inspected the property where the ram flock owned by _____ held at
the property known as _____
located at _____

PIC: _____

I am satisfied with the biosecurity of the property to ensure the flock remains *Brucella ovis* free. This includes adequate fencing to contain the ram, ram lambs and other sheep.

The owners are aware of their responsibilities regarding the scheme (outlined in the Ovine Brucellosis Accreditation Scheme Operational Guidelines) including the implementation of correct testing and quarantine of new stock entering the property.

Name _____

Signature _____

Date .../...../20.....



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Property Plan

Form 5

Please attach a plan of the property for accreditation. This should be approximately to scale and show:

- Location numbers and access road names
- Boundary and sub-divisional fences
- Names of adjoining neighbours
- Types of fences