

121st ANNUAL BERRIGAN SHOW

BOER GOATS SUNDAY 6th OCTOBER 2019



CLASS F - BOER GOATS

JUDGE: Geoff Mitchell

STEWARD: Emily Ryan

ENTRY FEE: \$2.00

All Entries to be penned by 9.30 a.m. on show day

ENTRIES CLOSE FRIDAY 4 OCTOBER 2019 TO

THE SECRETARY PO BOX 30 BERRIGAN 2712 - FAX (03) 5885 2849

**ALL PARTICIPATES NEED TO COMPLETE AND SIGN (OR
PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE) AN ANIMAL HANDLING
PARTICIPANT RISK ACKNOWLEDGEMENT & WAIVER FORM
BERRIGAN SHOW PIC (PROPERTY IDENTIFICATION CODE) NJ341639**

Entry in the class/sections is for registered goats only

Age of entry on date of show

The committee reserves the right to amalgamate or divide classes if warranted.

1. Doe Kid under 6 months
2. Doe Kid 6 months and under 9 months
3. Doe Kid 9 months and under 12 months

CHAMPION and RESERVE DOE KID

4. Doe 12 months and under 18 months
5. Doe 18 months and under 24 months

CHAMPION and RESERVE JUNIOR DOE -

TROPHY donated by DARRYL & GLORIA CULHANE

6. Doe 2 years and under 3 years
7. Doe 3 years and over

CHAMPION and RESERVE SENIOR DOE -

TROPHY donated by DARRYL & GLORIA CULHANE

GRAND CHAMPION DOE

8. Buck Kid under 6 months
9. Buck Kid 6 months and under 9 months
10. Buck Kid 9 months and under 12 months

CHAMPION and RESERVE BUCK KID

11. Buck 12 months and under 18 months
12. Buck 18 months and under 24 months

CHAMPION and RESERVE JUNIOR BUCK -

TROPHY donated by DARRYL & GLORIA CULHANE

13. Buck 2 years and under 3 years
14. Buck 3 years and over

CHAMPION and RESERVE SENIOR BUCK -

TROPHY donated by DARRYL & GLORIA CULHANE

GRAND CHAMPION BUCK

SUPREME CHAMPION EXHIBIT –

TROPHY Donated by DARRYL & GLORIA CULHANE

15. Group of 3 Goats - Property of one owner
16. Doe and kids at foot.

MOST SUCCESSFUL EXHIBIT

2019 MEMBERSHIP

The Berrigan A & H Society invites you to purchase your 2019 members tickets prior to the show, either by sending payment to the secretary or purchasing it at the Show Office, which will be open at the showgrounds from Tuesday 1 October to Saturday 5 October 2019 10.30 am to 5.00 pm.

Members tickets will not be available on Show Day

Tickets must be presented at gate to gain entry

If purchasing via post, Secretary must receive form by Friday 20 September 2019.

Family Membership Subscription – \$30.00 entitles entry into the showground for 2 adults and school age children 16 years and under - plus free entry into all sections except Class E (horse events) and Class I (fleeces) for members and their children.

Single Membership Subscription - \$15.00 entitles single entry into the showground – plus free entry into all sections except Class E (horse events) and Class I (fleeces) for the member.

(Membership subscription also allows the adults voting rights on the Committee should they wish to be part of the Society.)

Please make cheque payable to: Berrigan A & H Society Inc.

Berrigan A & H Society Inc. PO Box 30, Berrigan 2712

If it is more convenient you can pay via internet banking. The details are:

Account Name: Berrigan Agricultural & Horticultural Society
BSB: 633 000
Account No: 162 188 684

Please add your name to the comments section so that the Treasurer knows who has sent the payment

Ticket and receipt will be posted to you in September

NAME:.....

ADDRESS:.....

EMAIL:.....

TYPE OF SUBSCRIPTION: Family Membership ☐ Single Membership ☐

ENTRY & WAIVER FORM

- Each exhibitor must have their own entry form. The entry form must be signed by the exhibitor (parent/guardian if under 18 years of age)
- Participates in Class G (Sheep), F (Boer Goats), H (Children's Pet Parade) & K (Poultry) need to complete and sign (or parent/guardian if under 18 years of age) **AN ANIMAL HANDLING PARTICIPANT RISK ACKNOWLEDGEMENT & WAIVER FORM**
- **BERRIGAN SHOW PIC (Property Identification Code) NJ341639**
- **Entries Close 5:00 pm Friday 4th October 2019 unless stated in Schedule – please read the schedule carefully – no late entries accepted**
- **The Pavilion will close at 4:00pm. Exhibits will then be able to be collected between 4:30pm & 5:30pm**

To the Secretary

Please accept the following entries for the Berrigan A & H Society Annual Show, I agree to be bound by the Rules and Regulations of the Society. Entries where provided are the bona fide property and, I declare the information given, is to the best of my belief, true and correct in every particular. I give permission for my name/my child's name to be published in the Show results in the local media.

NAME OF

EXHIBITOR:.....PHONE.....

ADDRESS:.....

SIGNATURE.....(Parent/Guardian if under 18 yrs)

DATE.....

CLASS	SECTION	DESCRIPTION	ENTRY FEE

The Secretary

PO Box 30 BERRIGAN NSW 2712

Phone: 0438 852 610 Fax: (03) 5885 2849

Show Office: (03) 5885 2018 opens from Tuesday 01/10/2019 to Friday 04/10/2019
10:30 am to 5:00 pm

AGRICULTURAL SOCIETIES COUNCIL OF NEW SOUTH WALES LIMITED

PARTICIPANT RISK ACKNOWLEDGEMENT & WAIVER

Event Name (Subsequently referred to as "the Event"):

Event Date:

Participant Name:

Participant Address:

Participant Contact Number:

Participant Email:

Section A—General Acknowledgement

Agricultural Societies Council of New South Wales Limited and (Name of Show) BERRIGAN AGRICULTURAL & HORTICULTURAL SOCIETY INC (together the Suppliers) advise that participation (including passive participation) in animal handling or physical competitions or Events at an agricultural show contains elements of risk, both obvious and inherent.

The handling of animals if applicable is a dangerous recreational activity as animals can act in a sudden and unpredictable way, especially when frightened or hurt.

Physical competitions, activities and events of all types are dangerous recreational activities.

1. By signing this waiver I acknowledge that:

1.1 participation in the Event is a recreational service for the purposes of section 139A of the Australian Competition and Consumer Act (Cth) 2010, and also a recreational activity for the purposes of section 5K of the Civil Liability Act (NSW) 2002;

1.2 participation in the Event is a hazardous activity and involves a significant risk of physical harm and may result in injury, loss, damage or death to me;

1.3 participation in the Event requires certain skills and experience. I declare that I have sufficient skills and experience to be able to safely and properly participate in the Event;

1.4 if applicable to the Event, animals can act in a sudden and unpredictable ways, especially if frightened or hurt, or if exposed to loud or unfamiliar noises;

1.5 the Event will be held in close proximity to rides and large groups of people, and that there may be loud and unfamiliar noises which can frighten animals used in the Event, if applicable;

1.6 if the event is held outdoors, there are risks to me as a result of the weather conditions, including either extreme hot or cold weather, rain or wind;

1.7 insects or other animals may cause animals used in the Event, if applicable, to become frightened and act in an unpredictable way;

1.8 if the Event involves the handling of animals, there is a risk of suffering injury including injuries caused by animals;

1.9 I am responsible for ensuring that I have and will wear equipment suitable for my safety in my participation the Event;

1.10 I am responsible for the condition of any tools and equipment and ensuring that they are appropriate for the Event; and

1.11 I use the facilities supplied for the Event entirely at my own risk, as I find them and with the prior acceptance of the risk of possible danger to me.

2. If I suffer personal injury or death while participating in an animal handling event, I will not hold the Suppliers, their employees or agents legally responsible for any personal injury or death I suffer. I will not sue the Suppliers, their employees or agents for any claims, costs, damages or liability. I agree to release the Suppliers and their employees from legal responsibility for the services I have been provided and/or activity I have participated in.

3. I acknowledge and agree that my participation in the event and associated activities is dangerous and may have inherent risks as a result of which personal injury (and sometimes death) may occur. I acknowledge that the event and associated activities carry with them a significant risk of physical harm. I accept and assume all such risks of personal injury or death in any way whatsoever arising from these activities and hereby waive my individual right to sue the Suppliers for all claims I may have for such personal injury or death against the Suppliers in any way whatsoever arising from or in connection with these activities.

4 At the time of participating in the Event, I have not been to any degree under the influence of alcohol or illicit drugs.

5 I will not consume any alcohol or illicit drugs while participating in the Event and agree that such use may result in my being excluded from the Event or other events with no entitlement to any refund of money paid for entry to the Suppliers.

6 I agree to be bound by the rules and guidelines of the Suppliers as varied from time to time.

Section B – Horse Details and Acknowledgement

If there are no horses in this activity then leave this Section Blank. If there are horses in this event then this Section MUST BE COMPLETED.

Name of Horse	Owner of Horse	Microchip / Reg # or Description (Sex, Colour, Brand)	PIC No.	Last Event and Date

I, the owner/rider/exhibitor of the above horse/s, declare that, to the best of my knowledge, it is/they are fit and healthy and I agree that if found to be otherwise it/they will not be allowed to compete at this event.

Signature: Dated:

Section C - Signature

Where the participant is **over** 18 years of age: I agree that I have read and understood this waiver prior to signing it.

I acknowledge that the Suppliers have permitted me to participate in the activity the subject of this document in reliance upon the matters acknowledged by me and the representations I have made herein.

I agree that this waiver shall be governed in all respects by and interpreted in accordance with the laws of New South Wales.

I agree that this agreement, where relevant, will be binding on my heirs, next of kin, executors and administrators.

Signature:..... Dated:

Where participant is **under** 18 years of age (to be completed by a parent or guardian):

Participant's Date of Birth..... - I(insert guardian name), being a parent or legal guardian of the above named participant, hereby consent to my child participating in this event.

I confirm that I have read and understood and explained to the participant this waiver prior to signing it.

I acknowledge that the Suppliers have permitted the participant to participate in the activity the subject of this document in reliance upon the matters acknowledged by me and the representations that I have made herein.

I agree that this waiver shall be governed in all respects by and interpreted in accordance with the laws of New South Wales.

I agree that this agreement, where relevant, will be binding on my (and his/her) heirs, next of kin, executors and administrators.

Signature: Dated:

NATIONAL GOAT HEALTH DECLARATION

Version 4, August 2016

<p>SECTION 1 – CONSIGNMENT INFORMATION</p> <p>Owner of goats: (Full trading name)</p> <p>Property/place where the journey commenced: (Address)</p> <p>..... (Address continued) (Town/suburb) (Postcode) (State)</p> <p>Property Identification Code (PIC) of this property This MUST be the PIC of the property that the stock is being moved from</p> <p>Description of goats</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Number</th> <th style="width: 10%;">Year born (Month)</th> <th style="width: 40%;">Description (Breed, sex)</th> <th style="width: 40%;">Brands or Earmarks</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td>Total</td><td> </td></tr> </table> <p>Details of other statutory documents relating to this movement e.g. NVD</p> <p>...../...../..... (Document type) (Number) (Office of issue) (Expiry date)</p> <p>SECTION 2 – JOHNE'S DISEASE (JD)</p> <p>1. This consignment has an assurance rating of: (refer and complete overleaf)</p> <p style="margin-left: 40px;">Section A..... Section B.....</p> <p style="margin-left: 40px;">Consigning Herd Rating + Risk Management Rating = <u>TOTAL ASSURANCE RATING</u></p> <p>2. Were all these goats born on the above property? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date introduced:...../...../..... Assurance rating of introduced goats at time of introduction:.....</p> <p>3. Have goats with a lower assurance rating than the consigned goats been introduced into the herd in the last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what was the lowest assurance rating of those introduced goats?.....</p> <p>4. How many different sources of goats have been introduced to the consignor's property in last 2 years? None <input type="checkbox"/> 1-5 <input type="checkbox"/> 6 + <input type="checkbox"/> Bucks only <input type="checkbox"/></p> <p>5. Are all the goats in this consignment from a GoatMAP flock? Yes <input type="checkbox"/> No <input type="checkbox"/> Status:..... Expiry date:...../...../.....</p>	Number	Year born (Month)	Description (Breed, sex)	Brands or Earmarks																			Total		<p>SECTION 3 – FOOTROT</p> <p>6. Have the goats in this consignment been observed for, and any suspect goats examined for, signs of FOOTROT during the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. To the best of your knowledge, are the goats in this consignment free from VIRULENT FOOTROT? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. To the best of your knowledge, are all sheep and goats on the consignor's property free from VIRULENT FOOTROT? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>SECTION 4 – OTHER HEALTH INFORMATION</p> <p>9. Is the herd CAPRINE ARTHRITIS ENCEPHALITIS (CAE) ACCREDITED FREE? Yes <input type="checkbox"/> No <input type="checkbox"/> Flock Accreditation No. Expiry Date:...../...../.....</p> <p>10. a. The goats in this consignment are derived from a herd which has had a whole herd negative test for CAE within the last 90 days. Yes <input type="checkbox"/> No <input type="checkbox"/> OR b. The goat herd has undertaken a negative whole herd test in the last 12 months. Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last test:/...../..... Laboratory reference number:.....</p> <p>11. To the best of your knowledge, are the goats in this consignment free from LICE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">12. Treatments</th> <th style="width: 40%;">Product</th> <th style="width: 30%;">Date of last treatment</th> </tr> <tr><td>External Parasite Treatment</td><td> </td><td> </td></tr> <tr><td>Drench</td><td> </td><td> </td></tr> <tr><td>Vaccination other than JD (eg CLA)</td><td> </td><td> </td></tr> <tr><td>Other</td><td> </td><td> </td></tr> </table> <p>DECLARATION</p> <p>I (Full name) As the owner and /or person responsible for the husbandry of the goats in this consignment, I declare that the information in this statement is true and correct.</p> <p>Signature* Date*/...../20..... *Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.</p>	12. Treatments	Product	Date of last treatment	External Parasite Treatment			Drench			Vaccination other than JD (eg CLA)			Other		
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SECTION A: Choose 1 Category in this section
 Tick **only one** rating in this section and enter that rating at the bottom of Section A.

The herd from which the goats are consigned is:	Assurance Rating
In the GoatMAP with MN3 status	8 <input type="checkbox"/>
In the GoatMAP with MN2 status	7 <input type="checkbox"/>
In the GoatMAP with MN1 status	6 <input type="checkbox"/>
Not known infected and has no risk factors ⁽¹⁾	5 <input type="checkbox"/>
Not known infected, but has risk factors ⁽¹⁾	4 <input type="checkbox"/>
Restricted 2 status – RD2 ⁽²⁾	3 <input type="checkbox"/>
Restricted 1 status – RD1 ⁽³⁾	2 <input type="checkbox"/>
Infected but undertaking an approved Property Disease Management Plan ⁽⁴⁾	1 <input type="checkbox"/>
Infected or suspected of being infected ⁽⁵⁾	0 <input type="checkbox"/>
CONSIGNING HERD RATING SECTION A:	

SECTION B: Choose 1 Category in this section
 Tick the number where applicable and add them at the bottom of Section B

The following management factors reduce the risk of Johne’s disease in this herd:

The herd is not in the GoatMAP, but has had a Check Test ⁽⁶⁾ with negative results in the past 12 months	1 <input type="checkbox"/>
The consignment of goats are Approved Vaccinated Goats ⁽⁷⁾	1 <input type="checkbox"/>
The consignment of goats has been reared under a nationally approved and independently audited kid rearing plan ⁽⁸⁾	1 <input type="checkbox"/>
RISK MANAGEMENT RATING FOR SECTION B:	

TOTAL ASSURANCE RATING = A + B =.....

EXPLANATORY NOTES

- Risk Factors:**
 - The herd contains goats that were born or raised with dairy goats.
The herd contains dairy breeds or dairy cross breed goats. *Exceptions* are goats that are from Goat MAP herds, or goats born and raised in WA.
 - The herd has grazed land in the past 5 years that is at risk of Johne’s disease (JD) contamination. Land at risk of JD contamination includes land that is being grazed, or has been grazed in the preceding 12 months, by:
 - Dairy breeds or dairy cross bred goats, which are not sourced from GoatMAP herds.
 - Goat herds with RD2 or lower status.
 - Dairy cattle with a Dairy Assurance Score of less than 7.
 - Beef cattle, other than those in the CattleMAP, Johne’s Beef Assurance Score 6 or greater.
 - Sheep other than SheepMAP flocks from areas without an audited Regional Biosecurity Plan which includes ovine Johne’s disease.
- RD2:** A herd which has had a second negative herd test of all animals over 12 months of age in the herd, at least 2 years after RD1 status was achieved. This is part of an Approved Property Disease Management Plan approved by the Chief Veterinary Officer (CVO) of the jurisdiction.
- RD1:** A herd with a history of infection which has had 1 negative herd test of all animals over 12 months of age in the herd, at least 12 months after the last infected animal was removed from the herd. This is part of an approved Property Disease Management Plan approved by the CVO of the jurisdiction.
- Infected but undertaking an approved Property Disease Management Plan:** An infected herd that has not yet progressed to RD1 status but is complying with an on-farm disease control program combining elements of testing, kid rearing and biosecurity that has been approved by CVO of the jurisdiction.
- Infected or suspected of being infected:** Means infected or suspected of being infected with JD. Herds are no longer regarded as infected or suspected of being infected when a Property Disease Management Plan, which has been approved by the CVO of the jurisdiction, has been completed.
- Check Test:** A test of 50 homebred goats over 12 months of age in the herd (or all goats over 12 months of age in smaller herds) by serology or faecal culture or pooled faecal culture of 2 pools each of 25 goats, with negative results. The animals should be selected so as to increase the probability of detecting infection, i.e. older animals, animals in poor body condition.
- Approved Vaccinated Goat:** A goat that is:
 - Vaccinated with an approved JD vaccine by 16 weeks of age; or
 - Vaccinated with an approved JD vaccine after 16 weeks, when the flock
 - was in the GoatMAP, or
 - had undertaken a negative Sample Test by PFC in the 2 years preceding the vaccination; or
 - Is identified as an Approved Vaccinate in accordance with State legislation.
- Nationally approved kid rearing plan:** A kid rearing plan designed to minimise the spread of JD in intensively managed herds, which has been documented and agreed by GICA and Animal Health Committee.

