



**MAEDI-VISNA (MV) - ACCREDITED FLOCKS SCHEME**

**Declaration from owner/manager at periodic tests**

1. Name of flock owner: .....

2. Address: .....

Telephone number: .....Mobile Telephone number:.....

Email Address:.....

3. Address where flock are kept (if different from above): .....

4. Please enter number of sheep/goats on the premises where the accredited flock/herd are kept (on the date of the periodic testing):

<b>Currently accredited</b>		
<b>Age</b>	<b>Sheep</b>	<b>Goats</b>
Under 9 months		
9-18 months		
Over 18 months		

<b>Non-MV accredited</b>	
<b>Sheep</b>	<b>Goats</b>

5. Type of breed or crosses of MV-accredited sheep:.....

6. Date of periodic test.....

7. Name and address of your Veterinary Surgeon: .....

**DECLARATION:**

- I apply for the flock, particulars of which are given above, to remain on the register of MV-Accredited Flocks.
- The flock will be segregated from all other flocks and all adult animals in the flock are clearly and permanently identifiable.

- I certify that the details provided on this form, are to the best of my knowledge, correct. If this application is accepted, I hereby undertake to continue to comply with the scheme conditions and rules, a copy of which I have read. (Current version available on [www.gov.im/maedi-visna](http://www.gov.im/maedi-visna))

Signature of applicant: ..... Date .....

Name: .....

Status: .....  
(e.g. Owner, Manager etc.)

Note: This form is to be submitted by the sampling veterinary surgeon to the CVO along with a copy of the MV blood test results at each periodic test.