



MV - ACCREDITED FLOCKS SCHEME

Veterinary Certification Qualifying Test

I certify that,

On (date):..... (number) adult animals over 9 months of age in the flock (including any resident goats which have contact with the flock) belonging

to

of

.....

have been inspected and found free of clinical signs of MV and have been blood tested for evidence of infection with negative results.

In this qualifying tests no reactors have been identified in the said flock, or, within 6 months prior to the date of this qualifying test.

Copies of the laboratory results in respect of this clear qualifying tests are attached.

Signed Name:

Date:

Practice name or stamp: