

Q-ALPACA PROGRAM - FORM Q1 – APPLICATION

* Mandatory fields - must be completed

Identity of the person completing this application				
* Name				
* Address				
* Owner of alpacas on the property?	Yes		No	
* Manager of the property?	Yes		No	

Number of alpacas on property at date of application	
* Total number of alpaca on the property LESS than 12 months of age	
* Total number of alpaca on the property 12 months of age and OVER	

Property where alpacas are kept	
Name of property	
Property Identification Code number (PIC no.)	
* Road address	
* State	
* Postcode	
AAA Region	
AAA herd code & herd prefix	
* Contact person on the property	
* Telephone number	
Fax number	
Mobile phone number	
E-mail address	

Veterinarian who will run the Q-Alpaca Program for this property				
* Name				
* Address				
* Telephone number				
Fax number				
Mobile phone number				
E-mail address (important)				
* Is the veterinarian APAV-approved?	Yes		No	
* If the veterinarian is not APAV-approved, does he/she have the approval of the state Chief Veterinary Officer to conduct any <i>post-mortem</i> examinations required by the Program?	Yes		No	
* Is the herd currently in the AlpacaMAP?	Yes		No	
If YES, what is the:	MN status			
	Certificate No.			
	Date of expiry of current certificate			

Other species grazed on the property				
* Have any <u>dairy</u> or <u>dairy cross</u> cattle been grazing on any part of your property in the past 24 months?	Yes		No	
* Do you currently have any <u>beef cattle</u> grazing on any part of your Property?	Yes		No	
* Is the herd currently in the CattleMAP?	Yes		No	
If YES, what is the: MN status				
Certificate No.				
Date of expiry of current certificate				
* Do you currently have any <u>sheep</u> grazing on any part of your Property?	Yes		No	
* Is the herd currently in the SheepMAP?	Yes		No	
If YES, what is the: MN status				
Certificate No.				
Date of expiry of current certificate				
If NO, what is the current ABC score for all these sheep?				
* Do you currently have any <u>goats</u> grazing on any part of your Property?	Yes		No	
* Is the herd currently in the GoatMAP?	Yes		No	
If YES, what is the: MN status				
Certificate No.				
Date of expiry of current certificate				
* Do you currently have any <u>deer</u> grazing on any part of your Property?	Yes		No	
* Is the herd currently in the DeerMAP?	Yes		No	
If YES, what is the: MN status				
Certificate No.				
Date of expiry of current certificate				
* Signature				
* Date of application				

Please post this completed form to:

Sandra Wright, Q-Alpaca Program
Australian Alpaca Association Ltd.
P O Box 1076
Mitcham North VIC 3132

OR

Fax this completed form to:

03 9873 7711

OR

E-mail this completed form to:

sandra@alpaca.asn.au

Assuming there are no queries raised by the answers to the above questions in this application, you will be advised about the completion of your:

- Form Q 2: Agreement between you and your approved veterinarian
- Form Q 3: Annual Stock Return
- Form Q 4: *Post-Mortem* Report requirements
- Form Q 5: Herd and Property Management Plan (if not already in AlpacaMAP)