

2010 Q-ALPACA ANNUAL STOCK RETURN

Complete all pages.

Q-Alpaca members who joined the program after 1/7/09, please only include numbers that have increased or decreased since joining the program.

Q-Alpaca Program membership No.				
MAP No (if applicable):		MAP expiry date (if applicable):		
Name				
Address				
Owner of alpacas on the property?	Yes		No	
Manager of the property?	Yes		No	
Property Identification Code (PIC)				

A1 Total number of alpacas on property as at 2009 Return: OR Q-Alpaca members who joined the program after 1/7/09 – Total number of alpaca at date of joining the program.	
B1: Number of alpaca born on the property between 1/7/09 to 30/6/10:	
C1: Number of alpacas transferred to the property and still on the property at 30/06/10 (Incoming animals due to purchase or agistment regardless of age or ownership)	
D1: Sub total (A1 + B1 + C1)	Total

E1: Number of alpacas deceased or euthanased under 12 months of age (Record details on Page 2)	
E2: Number of alpacas deceased or euthanased 12 months and over in age (Record details on Page 2)	
E3: Sub total of deaths (E1 + E2)	Total

F1: Number of alpacas transferred out of the property between 01/07/09 - 30/06/10 (Alpacas that are not on the property as at 30/6/10 regardless of age and ownership.)	Total
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G1: Total number of alpaca on property as at 30/6/10 (D1 – E3 – F1)	TOTAL
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Q-Alpaca Program membership No. _____

DEATHS AND POST MORTEM (PM) RECORD

ALPACA UNDER 12 MONTHS OF AGE AT TIME OF DEATH

Record deaths from Part E1 (Page 1) here...

	Date of death	Age	PM Y/N	Identification (IAR, herd prefix or other)	Name
1					
2					
3					
4					
5					
6					
7					
8					
9					

ALPACA 12 MONTHS OF AGE AND OVER AT TIME OF DEATH

Record deaths from Part E2 (Page 1) here...

	Date of death	Age	PM Y/N	Identification (IAR, herd prefix or other)	Name
1					
2					
3					
4					
5					
6					
7					
8					
9					

If you require additional space, please copy this page and attach

Q-Alpaca Program membership No. _____

Q-Alpaca participant

I declare the information contained in this 2010 Q-Alpaca Annual Stock Return is a true account of herd activity and current herd numbers.

Name: _____

Signature: _____

Date: _____

Approved Veterinarian

I have sighted the Q-Alpaca participant's balanced 2010 Q-Alpaca Annual Stock Return.

Name: _____

Signature: _____

Date: _____

E-mail address: _____

Veterinarian comments if applicable: _____

Q-Alpaca participant to forward to AAA Ltd. National Office:

- completed and signed 2010 Annual Stock Return and
- Form Q2 Agreement with Veterinarian for 2010 – 2011 (see following)

On receipt of payment of Q-Alpaca Program fees, a new certificate will be issued to the participant and a copy forwarded to the approved Veterinarian for their records.

Chris Collins, Q-Alpaca Program
Australian Alpaca Association Ltd.
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Q-ALPACA PROGRAM - FORM Q2
Agreement between Herd Owner/Manager and Approved Veterinarian

PART A

HERD OWNER/MANAGER UNDERTAKING TO APPROVED VETERINARIAN.

I,
[Name] _____

of
[Address] _____

Owner and / or Manager of the following alpaca herd:
(Please tick whatever applies)

Stud name:

Property name:

Property Identification Code number (PIC no.): _____

Property street address:

Owner of alpaca herd (if different from above):

(See * NOTE below about definition of a "herd")

I specifically undertake to comply with all conditions of the Program and the laws of the State or Territory and that I shall:

1. Retain you as my veterinarian for this program until either of us revokes this agreement.
2. Provide to you the results of all previous examinations or tests conducted on **animals** in the herd and I authorise the State authority to provide you with information about the JD status of the herd and about previous testing undertaken in the herd.
3. Assist in the development of and the implementation of our agreed Herd Management Plan, and any plan to reduce the spread of any Emergency Animal Disease.
4. Present all **alpaca** over one year old for inspection as required.
5. Permanently identify all **alpaca** in the herd.
6. If required, following investigation of samples that indicate the presence of JD bacteria, or any Emergency Animal Disease, submit samples from other **animals** in the herd within an agreed period of time.

7. Not sell **alpaca** from the herd while the status of any suspect **animal** remains unresolved.
8. Advise you within 7 days of my becoming aware of any cases or suspect cases of Johne's disease or within 24 hours of my becoming aware of any Emergency Animal Disease;
 - in this herd; or
 - in **alpaca** originating from this herd that are now located elsewhere, or
 - in another herd which contributed **alpaca** to this herd, or
 - in **animals** in a neighbouring herd.
9. Only introduce **alpaca** into the herd from herds of the same or higher status.
10. Only return **alpaca** attending shows and/or sales into the herd under pre-agreed conditions.
11. Maintain records of the movements of any **alpaca** into and out of the herd, including the origin and destination of such **alpaca** and provide them to you on request.
12. Provide copies of any documents required by the Registrar, Q-Alpaca Program for audit purposes.
13. Agree to your reporting suspicion of JD infection or an Emergency Animal Disease in the herd to the appropriate State authority.
14. In the event of my herd status becoming INFECTED or being suspected of being INFECTED, I acknowledge that you and/or I have a legal responsibility to report this to the State authority and to provide information to the State authority to facilitate tracing and advice to owners of herds at risk of being infected.
15. Advise you if the manager of the herd changes or, prior to any change, if there is any change in the land on which the herd is run.
16. Ask you to conduct a post-mortem examination on any animal over 12 months of age that dies or is euthanased and on any cria under 12 months of age that is showing emaciation or diarrhoea that dies or is euthanased.

I understand that, if I fail to comply with any part of this Agreement, the membership of my herd in this Program may be revoked.

Name of person/s completing this form: _____

Date: _____ Signature: _____

Name of approved Veterinarian: _____

* NOTE: For the purposes of the program, a herd includes all alpaca managed as a separate and discrete unit in terms of physical contact with other groups of eligible species. All alpaca and eligible species grazed together or at any time, during a 12-month period on the same land or sharing the same facilities are considered to belong to the same herd. The herd includes all agisted **animals** (alpaca and eligible species) on the property regardless of owner.

For the purpose of the Q-Alpaca Program, eligible species include: alpaca, sheep, cattle, goats and deer.

PART B

APPROVED VETERINARIAN'S UNDERTAKING TO HERD OWNER

I, [Name]

of [Address]

A veterinarian approved under the Accreditation Program for Australian Veterinarians (APAV) hereby agree to comply with all conditions of the program and the laws of the State or Territory and specifically undertake that I shall:

1. Advise you on the program and on actions that you will need to undertake to comply with the program.
2. Undertake to advise you, in the event of an outbreak of an Emergency Animal Disease, or suspicion of outbreak of such disease:
 - in this herd, or
 - in **alpaca** originating from this herd that are now located elsewhere, or
 - in another herd from which came contributed **alpaca** to this herd, or
 - in a neighbouring herd.
3. Develop with you a Herd Management Plan to reduce the risk of introduction of Johne's disease, other infectious diseases listed as Conditions in the Program, and any Emergency Animal Disease, into the herd.
4. Collect and submit samples as required to an approved laboratory.
5. Investigate suspected cases of Johne's disease or Emergency Animal Diseases in the herd by collecting the prescribed specimens from such **alpaca** for laboratory examination.
6. Provide you with a copy of the result of all tests and examinations undertaken for the purposes of this program in your herd.
7. Maintain detailed records of all examinations and testing which support and justify the allocated status of Q-Alpaca.
- 8. Assess your herd records and management relevant to the program every 12 months.**
9. Assess the risk to the herd and consequently advise you whether to attend individual shows or sales.
10. Determine the status of your herd under the Program and issue you with a Form Q2, indicating continuing compliance with requirements of the Program
11. Advise the Registrar of the Q-Alpaca Program of any change in herd status

Identity of Participating Herd Owner/Manager: _____

Stud Name: _____

Identity of approved Veterinarian: _____

Date: _____ Signature of approved veterinarian: _____