

# British Goat Society Submission Form

## BLOOD SAMPLES FOR CAPRINE ARTHRITIS ENCEPHALITIS (CAE) SEROLOGY.

To be completed in BLOCK CAPITALS and in black ink

B.G.S. Office use only

From: (name & full postal address of veterinary surgeon who collected samples).  
Print in space below.

Signature: \_\_\_\_\_ Veterinary Surgeon

Name & Address of Owner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BGS Member No: \_\_\_\_\_

To VIC/Lab \_\_\_\_\_  
Date of Sampling \_\_\_\_\_  
Number of Samples \_\_\_\_\_ Ref. No: \_\_\_\_\_

**TICK SECTION THAT APPLIES**

Yearly Herd Test	
Individual Animals	
OTHER (give brief details)	

Add below address where animals are kept if different

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ being the owner/owner's agent of the goats listed below, declare that these animals constitute all of those to be tested under the B.G.S. regulations for the Monitored Herd Scheme.

I declare that these goats have/have not been in contact with Maeda Visna untested sheep in the past twelve months (delete as appropriate).

Signature of owner/owner's agent. \_\_\_\_\_

Tube Ref:	Ear ID	Animals Name	Breed	Sex	Date of Birth	CAE Result

LAB USE ONLY	AUTHORISED SIGNATURE/STAMP	COMMENTS

Continuation Sheet No: \_\_\_\_\_

Lab Reference No: \_\_\_\_\_

B.G.S. Office use only

Herd Ref:

**BRITISH GOAT SOCIETY CONTINUATION SHEET**  
**BLOOD SAMPLES FOR CAPRINE ARTHRITIS ENCEPHALITIS (CAE) SEROLGY.**

Date of Sampling: \_\_\_\_\_

Signature of Veterinary Surgeon Taking Samples \_\_\_\_\_

Name of Herd Owner \_\_\_\_\_

Tube Ref:	Ear ID	Animals Name	Breed	Sex	Date of Birth	CAE Result

LAB USE ONLY	AUTHORISED SIGNATURE/STAMP	COMMENTS