

**SECTION F****DAIRY GOATS**

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<b>How to Enter</b>	Please send entries to Ann Hill, Delta Pines, 535 NEVILLE Rd Blayney, NSW 2799 or email <a href="mailto:hillannie18@gmail.com">hillannie18@gmail.com</a>
<b>Entries Close</b>	23 <sup>rd</sup> of April 2024
<b>Entry Fees</b>	<p>\$2 per class</p> <p>Exhibits of ALL GOATS must arrive at the ground and be penned by 9:30 am Saturday 27<sup>th</sup> April 2024. No movement of vehicles will be permitted outside the sheep/goat area after 8am, and after 9:30 am within the sheep/goat area unless under Show Society supervision and direction. Vehicle entry via Sheep Gate off Phillip Street which will be manned by the Sheep Steward. Substitutions are permitted on the day but must be declared before judging commences</p> <p>Show entry tickets must be purchased for each person via 123Tix (at a discounted price) OR at the gate.</p>
<b>Prizes</b>	<p>1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> – Ribbon Champion &amp; Reserve Champion – Ribbon Best of Breed - \$10 &amp; Ribbon Grand Champion Dairy Doe - \$10 &amp; Ribbon Most Successful Exhibitor – Ribbon Ribbons/trophies for other Champions, Reserve etc.</p>
<b>Chief Steward</b>	Ann Hill Phone 0418 494 600
<b>Judge</b>	TBA
<b>Judging</b>	Judging will commence at 10am on that day. This rule will be strictly adhered to.
<b>Waivers &amp; Declarations</b>	<ul style="list-style-type: none"><li>● Animal Health Declaration (including Johne's Declaration)</li><li>● Exhibitor Indemnity &amp; Waiver Form</li></ul>
<b>Conditions of Entry</b>	<ul style="list-style-type: none"><li>● This section will be run in conjunction with the rules and regulations of the NSW Branch INC of the DGS of Australia Ltd.</li><li>● All entries must state the Full Registered Name of Exhibit, Date of Birth, Tattoo, Breed and Production points if in class 10 &amp; 11, Sire and Dam.</li><li>● Substitutions are permitted and must be declared before judging commences</li><li>● All exhibitors will be required to supply their own fodder.</li><li>● Note: AOB is "any other breed" of Dairy Goat recognised by DGSA, including Lamancha, Apline, Sable and Nigerian Dwarf.</li><li>● Ribbons and prizes must be collected on the day from the Sheep Pavilion after completion of the section.</li><li>● Any unclaimed prizes will revert to the Orange Show Society</li></ul>
<b>Sponsors</b>	<p>Deltaville Dairy Goat Stud Orange Show Society</p>

## CLASSES

- F1 Best Presented & Prepared Doe
- F2 Saanen Doe, any age, in milk
- F3 Toggenburg Doe, any age, in milk
- F4 British Alpine Doe, any age, in milk
- F5 Anglo Nubian Doe, any age, in milk
- F6 Australian Melaan Doe, any age, in milk
- F7 Australian Brown Doe, any age, in milk
- F8 Lamancha Doe, any age, in milk
- F9 Alpine Doe, any age, in milk
- F10 Sable Doe, any age, in milk
- F11 Nigerian Dwarf Doe, any age, in milk
- F12 Dry Doe, any age, must have kidded within the last 2 years.
- F13 Veteran Doe, any breed, 7 years or over, in milk or dry.
- F14 Type & Production Doe, 24 hour milk test during the last 2 years
- F15 Type & Production, Herd Recording (Note: Production Test results must accompany entries)
- F16 Doe with Best Udder, 1st Lactation, to be judged in milk, then milked out
- F17 Doe with Best Udder, 2nd & subsequent lactation, to be judged in milk, then milked out

### **CHAMPION DOE with BEST UDDER, overall**

### **RESERVE CHAMPION DOE with BEST UDDER**

### **SENIOR CHAMPION DOE**

### **RESERVE SENIOR CHAMPION DOE**(Note: all does must be milked out at the conclusion of class F17)

- F18 Saanen Goatling, 1 year & under 2 years, unkidded
- F19 Toggenburg Goatling, 1 year & under 2 years, unkidded
- F20 British Alpine Goatling, 1 year & under 2 years, unkidded
- F21 Anglo Nubian Goatling, 1 year & under 2 years, unkidded
- F22 Australian Melaan Goatling, 1 year & under 2 years, unkidded
- F23 Australian Brown Goatling, 1 year & under 2 years, unkidded
- F24 Lamancha Goatling, 1 year & under 2 years, unkidded
- F25 Alpine Goatling, 1 year & under 2 years, unkidded
- F26 Sable Goatling, 1 year & under 2 years, unkidded
- F27 Nigerian Dwarf Goatling, 1 year & under 2 years, unkidded

### **Champion & Reserve Champion Junior Doe**

- F28 Saanen Doe Kid, under 12 months
- F29 Toggenburg Doe Kid, under 12 months
- F30 British Alpine Doe Kid, under 12 months
- F31 Anglo Nubian Doe Kid, under 12 months
- F32 Australian Melaan Doe Kid, under 12 months
- F33 Australian Brown Doe Kid, under 12 months
- F34 Lamancha Doe Kid, under 12 months
- F35 Alpine Doe Kid, under 12 months
- F36 Sable Doe Kid, under 12 months
- F37 Nigerian Dwarf Doe Kid, under 12 months

### **Champion & Reserve Champion Doe Kid**

### **Grand Champion Dairy Doe (\$10)**

- F38 **Best of Breed - Saanen Doe**
- F39 **Best of Breed - Toggenburg Doe**
- F40 **Best of Breed - British Alpine Doe**
- F41 **Best of Breed – Anglo Nubian Doe**
- F42 **Best of Breed – Australian Melaan Doe**
- F43 **Best of Breed – Australian Brown Doe**
- F44 **Best of Breed – La Mancha Doe**
- F45 **Best of Breed – Nigerian Dwarf Doe**
- F46 **Best of Breed – Alpine Doe**
- F47 **Best of Breed – Sable Doe**

- F48 Dam and Daughter, any age, any breed
- F49 Sire's progeny, two progeny, any age, any breed
- F50 Dam's progeny, two progeny, any age, any breed
- F51 Group of three does, any age of one breed
  
- F52 Junior Handler, under 12 years
- F53 Junior Handler, 12 years & up to 18 years

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### **Most Successful Exhibitor of Dairy Goats**

# NATIONAL GOAT HEALTH DECLARATION

Version 4, October 2016

**SECTION 1 – CONSIGNMENT INFORMATION**

Owner of goats: .....  
(Full trading name)

Property/place where the journey commenced:.....  
(Address)

.....  
(Address continued) (Town/suburb) (Postcode) (State)

Property Identification Code (PIC) of this property

This MUST be the PIC of the property that the stock are being moved from

Number	Year born (Month)	Description (Breed, sex)	Brands or Earmarks
<b>Total</b>			

Details of other statutory documents relating to this movement e.g. NVD

.....	.....	.....	...../...../.....
(Document type)	(Number)	(Office of issue)	(Expiry date)

**SECTION 2 – JOHNE’S DISEASE (JD)**

1. This consignment has an assurance rating of: *(refer and complete overleaf)*

Section A..... Section B.....  
**Consigning Herd Rating + Risk Management Rating = TOTAL ASSURANCE RATING**

2. Were **all** these goats born on the above property? Yes  No

If no, date introduced:...../...../.....  
 Assurance rating of introduced goats at time of introduction:.....

3. Have goats with a lower assurance rating than the consigned goats been introduced into the herd in the last 2 years? Yes  No

If yes, what was the lowest assurance rating of those introduced goats?.....

4. How many different sources of goats have been introduced to the consignor’s property in last 2 years?

None  1-5  6+  Bucks only

5. Are all the goats in this consignment from a GoatMAP flock? Yes  No

Status:..... Expiry date:...../...../.....

**SECTION 3 – FOOTROT**

6. Have the goats in this consignment been observed for, and any suspect goats examined for, signs of FOOTROT during the past 14 days? Yes  No

7. To the best of your knowledge, are the goats in this consignment free from VIRULENT FOOTROT? Yes  No

8. To the best of your knowledge, are all sheep and goats on the consignor’s property free from VIRULENT FOOTROT? Yes  No

**SECTION 4 – OTHER HEALTH INFORMATION**

9. Is the herd CAPRINE ARTHRITIS ENCEPHALITIS (CAE) ACCREDITED FREE? Yes  No

Flock Accreditation No. .... Expiry Date:...../...../.....

10. a. The goats in this consignment are derived from a herd which has had a whole herd negative test for CAE within the last 90 days. Yes  No

OR

b. The goat herd has undertaken a negative whole herd test in the last 12 months. Yes  No

Date of last test: ...../...../..... Laboratory reference number:.....

11. To the best of your knowledge, are the goats in this consignment free from LICE? Yes  No

12. Treatments	Product	Date of last treatment
External Parasite Treatment		
Drench		
Vaccination other than JD (eg CLA)		
Other		

**DECLARATION**

I .....  
 (Full name)  
 as the owner and /or person responsible for the husbandry of the goats in this consignment, declare that the information in this statement is true and correct.

Signature\* ..... Date\* ...../...../20.....

\*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.

**SECTION A: Choose 1 Category in this section**

Tick **only one** rating in this section and enter that rating at the bottom of Section A.

The herd from which the goats are consigned is:	Assurance Rating
In the GoatMAP with MN3 status	8 <input type="checkbox"/>
In the GoatMAP with MN2 status	7 <input type="checkbox"/>
In the GoatMAP with MN1 status	6 <input type="checkbox"/>
Not known infected and has no risk factors <sup>(1)</sup>	5 <input type="checkbox"/>
Not known infected, but has risk factors <sup>(1)</sup>	4 <input type="checkbox"/>
Restricted 2 status – RD2 <sup>(2)</sup>	3 <input type="checkbox"/>
Restricted 1 status – RD1 <sup>(3)</sup>	2 <input type="checkbox"/>
Infected but undertaking an approved Property Disease Management Plan <sup>(4)</sup>	1 <input type="checkbox"/>
Infected or suspected of being infected <sup>(5)</sup>	0 <input type="checkbox"/>
<b>CONSIGNING HERD RATING SECTION A:</b>	

**SECTION B: Choose 1 Category in this section**

Tick the number where applicable and add them at the bottom of Section B

The following management factors reduce the risk of Johne's disease in this herd:

The herd is not in the GoatMAP, but has had a Check Test <sup>(6)</sup> with negative results in the past 12 months	1 <input type="checkbox"/>
The consignment of goats are Approved Vaccinated Goats <sup>(7)</sup>	1 <input type="checkbox"/>
The consignment of goats has been reared under a nationally approved and independently audited kid rearing plan <sup>(8)</sup>	1 <input type="checkbox"/>
<b>RISK MANAGEMENT RATING FOR SECTION B:</b>	

TOTAL ASSURANCE RATING = A + B = .....

**EXPLANATORY NOTES**

**1. Risk Factors:**

- (a) The herd contains goats that were born or raised with dairy goats.  
The herd contains dairy breeds or dairy cross breed goats. *Exceptions are* goats that are from Goat MAP herds, or goats born and raised in WA.
- (b) The herd has grazed land in the past 5 years that is at risk of Johne's disease (JD) contamination. Land at risk of JD contamination includes land that is being grazed, or has been grazed in the preceding 12 months, by:
- Dairy breeds or dairy cross bred goats, which are not sourced from GoatMAP herds.
  - Goat herds with RD2 or lower status.
  - Dairy cattle with a Dairy Assurance Score of less than 7.
  - Beef cattle, other than those in the CattleMAP, Johne's Beef Assurance Score 6 or greater.
  - Sheep other than SheepMAP flocks from areas without an audited Regional Biosecurity Plan which includes ovine Johne's disease.

- 2. RD2:** A herd which has had a second negative herd test of all animals over 12 months of age in the herd, at least 2 years after RD1 status was achieved. This is part of an Approved Property Disease Management Plan approved by the Chief Veterinary Officer (CVO) of the jurisdiction.
- 3. RD1:** A herd with a history of infection which has had 1 negative herd test of all animals over 12 months of age in the herd, at least 12 months after the last infected animal was removed from the herd. This is part of an approved Property Disease Management Plan approved by the CVO of the jurisdiction.
- 4. Infected but undertaking an approved Property Disease Management Plan:** An infected herd that has not yet progressed to RD1 status but is complying with an on-farm disease control program combining elements of testing, kid rearing and biosecurity that has been approved by CVO of the jurisdiction.
- 5. Infected or suspected of being infected:** Means infected or suspected of being infected with JD. Herds are no longer regarded as infected or suspected of being infected when a Property Disease Management Plan, which has been approved by the CVO of the jurisdiction, has been completed.
- 6. Check Test:** A test of 50 homebred goats over 12 months of age in the herd (or all goats over 12 months of age in smaller herds) by serology or faecal culture or pooled faecal culture of 2 pools each of 25 goats, with negative results. The animals should be selected so as to increase the probability of detecting infection, i.e. older animals, animals in poor body condition.
- 7. Approved Vaccinated Goat:** A goat that is:
- Vaccinated with an approved JD vaccine by 16 weeks of age; or
  - Vaccinated with an approved JD vaccine after 16 weeks, when the flock
    - was in the GoatMAP, or
    - had undertaken a negative Sample Test by PFC in the 2 years preceding the vaccination; or
  - is identified as an Approved Vaccinate in accordance with State legislation.
- 8. Nationally approved kid rearing plan:** A kid rearing plan designed to minimise the spread of JD in intensively managed herds, which has been documented and agreed by GICA and Animal Health Committee.

**THIS DOCUMENT IS A NO DUTY OF CARE RISK WARNING**  
**THIS DOCUMENT IS A WAIVER OF DUTY OF CARE**

Do not complete "Event" details if this document only applies to use of facilities other than for an Event.

Event Name (subsequently referred to as "the Event"): .....

Event Date: .....

Participant's Name: .....

Participant's Date of Birth: .....

Participant's Address: .....

Participant Contact Number: .....

Participant Email: .....

## **Section A - Supplier's statements about risk and duty of care**

Agricultural Societies Council of New South Wales Limited and (Name of Show) ..... (together the Suppliers) advise as set out below. The handling of animals is a dangerous recreational activity as animals can act in a sudden and unpredictable way, especially when frightened or hurt.

Participation (including passive participation) in animal handling and/or physical competitions and/or Events at an agricultural show and/or use of the Suppliers' facilities contain elements of risk, both obvious and inherent.

Physical competitions and activities, Events and use of the Suppliers' facilities are all dangerous recreational activities. This document is a risk warning for the purpose of section 5M of the Civil Liability Act NSW 2002. This risk warning is given by or on behalf of the Suppliers.

This document acts as an exclusion of liability under Part 1A Division 5 of the Civil Liability Act NSW 2002 if the services supplied by the Suppliers are supplied without reasonable care and skill.

## **Section B - Participant's acknowledgements**

By signing this document I acknowledge that:

1. Participation in the Event and/or use of the Suppliers' facilities is a recreational service for the purposes of section 139A of the Australian Competition and Consumer Act (Cth) 2010 and a recreational activity for the purposes of section 5K of the Civil Liability Act (NSW) 2002.
2. I participate in the Event and/or use of the Suppliers' facilities at my own risk.
3. Participation in the Event and/or use of the Suppliers' facilities is a hazardous activity and involves a significant risk of physical harm and may result in injury, loss, damage or death to me and others.
4. Participation in the Event and/or use of the Suppliers' facilities requires certain skills and experience. I declare that I have sufficient skills and experience to be able to safely and properly participate in the Event and/or use the Suppliers' facilities.
5. Animals can act in sudden and unpredictable ways, especially if frightened or hurt, or if exposed to loud or unfamiliar noises.
6. The Event will be held in close proximity to rides and large groups of people and there may be loud and unfamiliar noises which can frighten animals used in the Event.
7. If the Event is held outdoors, there are risks to me as a result of the weather conditions, including either extreme hot or cold weather, rain or wind.
8. Insects or other animals may cause animals used in the Event to become frightened and act in an unpredictable way.
9. In handling animals, there is a risk of suffering injury including injuries caused by the animals.
10. I am responsible for ensuring that I have and will wear equipment suitable for my safety in my participation of the Event and/or in using the Suppliers' facilities.
11. I am responsible for the condition of any tools and equipment and ensuring that they are appropriate for the Event and/or in using the Suppliers' facilities.

12. I use the Suppliers' facilities, including for the Event entirely at my own risk, as I find them and with the prior acceptance of the risk of possible danger to me, both obvious and inherent.
13. At the time of participating in the Event and/or in using the Suppliers' facilities, I will not to any degree be under the influence of alcohol or illicit drugs.
14. I will not consume any alcohol or illicit drugs while participating in the Event and/or in using the Suppliers' facilities and agree that such use may result in my being excluded from the Event and/or from using the Suppliers' facilities with no entitlement to any refund of money paid to the Suppliers for entry.
15. I agree to be bound by the rules and guidelines of the Suppliers as varied from time to time.

## **Section C - Participant's acceptance of risk & no duty of care & waiver of rights**

1. I acknowledge and agree that my participation in the Event and any associated activities and/or my use of the Supplier's facilities is dangerous and may have obvious and/or inherent risks as a result of which personal injury (and sometimes death) may occur.
2. I acknowledge that my participation in the Event and any associated activities and/or my use of the Supplier's facilities carry with them a significant risk of physical harm.
3. I accept and assume all risks of personal injury or death in anyway whatsoever arising from my participation in the Event and any associated activities and/or my use of the Supplier's facilities.
4. I waive my individual right to sue the Suppliers for all claims I may have for such personal injury or death against the Suppliers in any way whatsoever arising from or in connection with my participation in the Event and any associated activities and/or my use of the Supplier's facilities.
5. If I suffer personal injury or death while participating in the Event and/or from my use of the Supplier's facilities, I will not hold the Suppliers, their employees or agents legally responsible for any personal injury or death I suffer.
6. I will not sue the Suppliers, their employees or agents for any claims, actions, costs, damages or liability.
7. I release the Suppliers and their employees from legal responsibility for the services I have been provided and/or activity I have participated in, including the Event.

## **Section D - Signature**

### **Where the participant is 18 years of age or over:**

I agree that I have read and understood this waiver prior to signing it.

I acknowledge that the Suppliers have permitted me to participate in the activity the subject of this document in reliance on the matters acknowledged by me and the representations I have made in this document.

I agree that this waiver is governed in all respects by and interpreted in accordance with the laws of New South Wales.

I agree that by inputting my name in the signature box and ticking the box beside my name, everything in this document is binding on me and my heirs, next of kin, executors and administrators.

Signature: .....

Dated: .....

### **Where participant is UNDER 18 years of age (to be completed by a parent or guardian):**

Participant's Date of Birth: .....

I ..... (insert parent/guardian name),  
being a parent or legal guardian of the above named participant, hereby consent to my child using the Suppliers' facilities and/or participating in the Event.

I confirm that I have read and understood and explained to the participant this waiver prior to signing it.

I acknowledge that the Suppliers have permitted the participant to participate in the activity the subject of this document in reliance on the matters acknowledged by me and the representations that I have made in this document.

I agree that this waiver is governed in all respects by and interpreted in accordance with the laws of New South Wales.

I agree that by inputting my name in the signature box and ticking the box beside my name, everything in this document is binding on me and my heirs, next of kin, executors and administrators.

Signature: .....

Dated: .....