



Date: \_\_\_\_\_

Producer \_\_\_\_\_ Farm \_\_\_\_\_

Fill in any section/information below that applies to this test submission

This form is to be sent to [admin@ontariosheep.org](mailto:admin@ontariosheep.org) and not to the lab

**Section 1: SCHEDULED FLOCK TEST INFORMATION (do not need to fill out if only testing for section 2 or 3 below)**

Whole Flock  Monitor Flock (Random)  A Status (Random)  Requalify for A Status

Number Eligible for Testing	Number of head being tested
Number of sheep >365 days of age (1 year) in the flock	
Number of sheep ≥ 180 days of age and <365 days of age in the flock	
Number of sheep ≥ 180 days of age being sold within next 28 days and so not tested	
Number of sheep being tested from previous retest, additions or returns (if applicable)	
Number of goats being tested (for this program, if you have goats on the premises they must be tested as well)	
Do you ever bring new sheep into your flock (rams, ewes, lambs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often (times per year)?	

**Section 2: RESAMPLED from positive animal results or 2<sup>nd</sup> enrolled resample test**

Positive animals from flock test  2nd retest from enrolled

Date of previous test	How many being tested now
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**Section 3: NEW ADDITIONS or SHEEP RETURNING TO THE FLOCK**

Are the sheep in isolation  Is declaration inventory form included (REQUIRED)

**New Additions** First test  2nd test (if required)  Resample at Scheduled Flock Test

How many being tested	Flock status of purchased sheep (if applicable)
Date of previous test (if applicable)	Animal transfer form included (Required)
MV Test prior to entry while in isolation	

**Sheep left the farm and returned** First test  2nd test  Resample at Scheduled Flock Test

How many being tested	Date of previous test (if applicable)
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**BIOSECURITY**

- Following proper biosecurity requirements according to the Maedi Visna protocols
- Have a proper isolation facility according to the Maedi Visna protocols

VET CLINIC: \_\_\_\_\_

VET SIGNATURE: \_\_\_\_\_

PRODUCER SIGNATURE: \_\_\_\_\_