



**NEW SOUTH WALES SHEEP SHOW
ENTRY FORM 2023**

Sections E, F, F (1) & F (2) ONLY

(Do not use this form for other sections of Dubbo Show)

ENTRIES CLOSE Friday 5pm 12th April 2024

at the Show Office Fitzroy Street Dubbo, PO Box 12 Dubbo NSW 2830

PIC NUMBER NJ224985

Fully completed National Sheep Health Statement, National Vendor Declaration, Indemnity & Waiver Forms plus fees must be included with entries.

ALL details must be completed, or entry may be refused – please use BLOCK letters

Registered Owner (as shown in flock book)		Contact Person (during show)	
STUD NAME	ADDRESS	State	Post Code
Mobile Phone (during show)	Phone	Distance sheep are to travel to Dubbo ____ km	
Email address:		Motor Vehicle Registration (essential for vehicle pass)	

CONDITIONS OF ENTRY – must be signed by Exhibitor

- I agree to comply with & be bound by the General & Special Conditions of the Dubbo Show Society Inc. as applicable
- I certify that the details on this entry form & on the accompanying statements are true & correct & undertake to notify the Dubbo Show Society if there is any information which would alter the information in those statements.
- I certify that the animals entered have not been exposed to any notifiable disease/s to the best of my knowledge.

Signature: Date /..... /2024

PAYMENT, ANIMAL HEALTH STATEMENT, WAIVER & GST DECLARATION MUST ACCOMPANY THIS FORM

Class Entries to be completed by Exhibitor overleaf or on separate page

SUMMARY OF FEES- FOR COMPLETION BY EXHIBITOR

Breed	No of Sheep	No Entries	\$25 per entry (inc GST)	Total	Office Use
			@ \$25 per entry	\$	
			@ \$25 per entry	\$	
			@ \$25 per entry	\$	
			@ \$25 per entry	\$	
Young Judges & Handling			@ \$10 per person	\$	
Must be purchased at time of entry			\$55 (3 person/3 days)	\$	
Student Pass (3 days)			@ \$15 each	\$	
Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Payable Dubbo Show Society				TOTAL:	
				INC GST	\$

Bill my credit card VISA CARD MASTERCARD BANK CARD

Card No:												Expiry Date					
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Card Holder's Name:..... Card Holder Signature.....



New South Wales Sheep Show

CLASS ENTRIES

This form to be lodged with & form part of Entry Form/Tax Invoice

PLEASE PHOTOCOPY & USE **SEPARATE SHEET FOR SEPARATE BREEDS** AS SHOWN IN SCHEDULE

ALL SECTIONS TO BE COMPLETED BY EXHIBITOR – Use this sheet for Sheep Show Entries ONLY

Registered Owner (as shown in Flock Book)	Stud Name	Registered Flock No:
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Breed of Sheep on this Page: _____

NUMBER OF SHEEP OF THIS BREED I will be bringing to the NSW SHEEP Show: _____

(Do not count GROUPS which must be entered & ENTRY FEE PAID but come from general entries – PAIRS DO NOT COME from general entries unless otherwise stated in Schedule) Please do not bring more sheep to the Show than are entered.

No of ENTRIES OF THIS BREED: _____

ALL BREEDS ARE TO COMPLETE THIS FORM SEPARATLY

Class	No of Entries	Description of Class (as shown in Schedule)	Objective Measurement Class Tag No.	Shearing Date (only if required by Schedule)	Office Use Only
TOTAL ENTRIES THIS BREED		Please transfer to summary Page 1			

Please note Vehicle Passes from 123TIX will be issued from the Show Office, vehicle rego numbers must be supplied. Vehicle passes are not transferrable and will be scanned on entry. Enter via Gate 5. Check with Chief Steward for parking designated area. No vehicle entry after 9 am.

NATIONAL SHEEP HEALTH DECLARATION

July 2019

Property Identification Code (PIC) of this property

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

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Attached to accompanying NVD/Waybill No.

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SECTION A – Biosecurity Information

1. All consigned sheep are from a Livestock Production Assurance (LPA) accredited property?* **Y** **N**
2. The number of different sources of sheep that have been **introduced** onto the consignment property in the last 5 years is:
- 0 (closed flock) 1-5 6+ Rams Only

SECTION B – Animal Health Information

3. All consigned sheep are from a flock that is free of **virulent footrot**?* **Y** **N**
4. All consigned sheep are from a flock that is free of benign footrot or scald?* **Y** **N**
If (N) please provide further information below
5. All consigned sheep are from a flock that is free of **lice**?* **Y** **N**
6. All consigned sheep are from a flock in an **ovine brucellosis** accreditation scheme? **Y** **N**
 If Yes, Flock Accreditation No. (except Qld) Expiry Date / /
7. All consigned sheep are Johne's disease (JD) Approved Vaccinates?* **Y** **N**
 If Yes, I have been continuously vaccinating all retained lambs in the consignment flock against JD for years. *(Vendor-bred sheep only)*
8. All consigned sheep are from a SheepMAP flock?* **Y** **N**
 If yes, Status Year commenced Certificate Number

*See explanatory notes on back page for further information

9. All consigned sheep are from a flock with a negative test for JD?* **Y** **N**
 If Yes, which test? Date of test / /

10. Any other JD management practices carried out on the property?

11. Any other relevant health information

SECTION C – Treatment Information of Consigned Sheep

Treatment type	Product	Date of last treatment
External Parasite Treatment		
Internal Parasite Treatment		
Other treatments		
Vaccination (other than JD)		

Declaration (see explanatory notes for further information)

I
(Full name)

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

Tel. No. () Email

declare that, I am the owner and/or person responsible for the husbandry of the sheep in this consignment and all the information on this Sheep Health Declaration is true and correct:

Signature **Date** / /

Producers are advised to retain appropriate records to support this declaration. Persons making false statements may be liable under fair trading and other relevant state legislation.

NATIONAL SHEEP HEALTH DECLARATION - EXPLANATORY NOTES

Overview

Completing this National Sheep Health Declaration (NSHD) will assist prospective buyers to make an informed decision about the health status and management history of these sheep. The NSHD is mandatory for all sheep movements in SA and for sheep being moved into NSW and Tasmania. It is voluntary in other states.

Livestock Production Assurance (1)

Livestock Production Assurance (LPA) program accreditation means that a property must have a biosecurity plan for the property. [The National Farm Biosecurity Reference Manual for Grazing Livestock Production](#) can be used to develop plans or further information including templates is available at:

www.animalhealthaustralia.com.au/what-we-do/endemic-disease/farm-biosecurity-plan

Footrot (3 and 4)

3. Virulent footrot is defined differently in each state. For information on this and interstate movements of sheep, producers should visit the relevant state department website or contact animal health staff from that department.

4. If answered Yes, all mobs should have been checked during at least one spread period, and any lameness investigated, with no symptoms of the disease observed. If answered no, producers can add any information about the disease and their management of it; e.g. whether any testing has been carried out, or what treatments may have been used recently.

Lice (5)

All mobs should be checked for lice at least twice each year. Any sheep seen with rubbed fleece or pulled wool should be checked for lice as a matter of urgency. Further information is available at: www.paraboss.com.au

Approved Vaccinate (7)

A sheep that is identified by an NLIS (sheep) 'V' tag and is:

- vaccinated with an approved JD vaccine by 16 weeks of age, OR
- vaccinated with an approved JD vaccine after 16 weeks of age, when the flock:
 - was in the SheepMAP, or
 - had undertaken a negative Faecal 350 test in the two (2) years preceding the vaccination, or
 - had a Negative Abattoir 500 status at the time of vaccination.

SheepMAP (8)

An audited quality assurance program incorporating a property biosecurity plan, animal health risk assessment, testing, and movement controls that provide a source of low risk animals. Note - the level of testing varies depending on the status. Date of last test should be recorded in Q9.

Types of tests that may be recorded (9)

Faecal 350: A test of 350 representative sheep over 2 years of age (or all sheep over 2 years of age in smaller flocks) by Pooled Faecal Culture (PFC) or High Throughput Johnne's (HT-J) PCR in pools of up to 50 sheep. The sheep must have been on the property for at least 2 years.

Abattoir 500: At least 500 sheep, over 2 years of age, have been submitted to an abattoir in the past 24 months, in 1 or more lots, have been examined and all found negative for JD. The sheep must have been on the property for at least 2 years.

Abattoir 150: At least 150 sheep, over 2 years of age, have been submitted to an abattoir in the past 12 months, in 1 or more lots, have been examined and all found negative for JD. The sheep must have been on the property for at least 2 years.

JD management practices (10)

Any other management practices carried out for JD could be recorded here; e.g. types of introductions to the flock, or veterinary investigations.

Other relevant health information (11)

Any other information that a producer thinks may be relevant can be recorded here; e.g. participation in an active grower group, One Biosecurity, or other biosecurity initiatives, mulesing status, pain relief usage, etc.

Declaration

Signing this declaration has legal significance under fair trading and other relevant state legislation. Regulatory authorities may also take legal action, and purchasers may seek damages for any information that is incorrect. Before signing you must be satisfied you understand all elements of the document, and these explanatory notes.

For more information on biosecurity go to www.farmbiosecurity.com.au



**Australian Johne's Disease
Market Assurance Program for Sheep
(SheepMAP)**

**SHOW, SALE & EXHIBITION
CERTIFICATE OF COMPLIANCE**

"Provided by Agricultural Shows Australia as part of the National JD Program"

This is to certify that

EVENT

VENUE

DATE

Co-ordinated by:

COMMITTEE OF MANAGEMENT

COMMITTEE REPRESENTATIVE

The organizer has undertaken to manage the event so as to maintain the status of exhibitors' stock, compliant with the current SheepMAP guidelines.

AUDITOR:

Address:

Phone:

Signature: Date:

Sheep Audit – 26/09/13

SHEEP MAP SHOW, SALE & EXHIBITION VENUE AUDIT

'Provided by Agricultural Shows Australia as part of the National JD Program'

Compliance Checklist

It is recommended that an inspection be undertaken 2-3 weeks before the event so that defects can be corrected, exhibitors advised and venue audited immediately before the event. Auditor and Chief Steward should be familiar with and understand the relevant rules and regulations of the SheepMAP.

Certificate of Compliance should be displayed for exhibitors to sight on arrival before unloading.

1. Entry requirements to minimise the risk of infectious animals attending the Show. (Tick the appropriate boxes)

VENUE:

EVENT: DATE:

VENUE MANAGEMENT COMMITTEE:

EVENT COMMITTEE REPRESENTATIVE:

AUDITOR:

ADDRESS:

DATE: SIGNATURE:

MEDIUM – HIGH ASSURANCE

Sheep from SheepMAP flocks or from a flock within a Regional Biosecurity Area

LOW ASSURANCE

Sheep from a flock that has tested negative (abattoir 150 or 500, or pooled faecal culture 350) in the last two years &/or are approved vaccinates

MINIMUM DECLARATION

Not assessed

1.2. Flocks with MN1 status and above in SheepMAP to be segregated from other **Medium – High assurance** sheep (optional) Yes or No

Sheep MAP SHOW, SALE & EXHIBITION VENUE COMPLIANCE AUDIT

2. Action to minimise the risk of infection spreading at the Show.

2.1 Previous stock use in last twelve months & date

Sheep

Goats

Camelids

Deer

Cattle

2.2 Decontamination procedure between events.

Comment

2.3 Inspection of site for faecal contamination.

Comment

Satisfactory Yes or No

a. HOUSING STANDARDS:

a. Medium - High Assurance, Low Assurance and Not Assessed sheep are separated by a minimum distance of 2 metres or a solid wall 1 metre high.

Yes or No

Comment

a.2 Different coloured ear tags are used to differentiate High-Medium Assurance, Low Assurance and Not Assessed

Optional Yes or No

a.3 Signs used to identify areas that are restricted to High-Medium Assurance, Low Assurance and Not Assessed

Yes or No

Comment

b. HYGIENE STANDARDS:

b.1 Provision and instruction has been made to feed and water animals from containers and hay racks with a minimum height of 30cm above ground.

Yes or No

Comment

b.2.1 All sheep will be tethered when not led or penned in allocated areas

Yes or No

Comment

b.2.2 Sheep will not be permitted to graze on grassed areas.

Yes or No

Comment

b.3.1 Provisions have been made to promptly remove faecal contamination from common areas and sweep Show Judging area after each Class.

Yes or No

Comment

Sheep MAP SHOW, SALE & EXHIBITION VENUE COMPLIANCE AUDIT

b.3.2 Faeces and contaminated bedding will be removed to a place to which stock do not have access. Yes or No

Comment

.....

.....

b.3.3 If there are Not Assessed sheep at the Show/Exhibition the feet of ALL sheep will be cleaned of faecal material before being re penned after use of common areas. Yes or No

Comment

.....

.....

b.4 During pen cleaning sheep will be retained away from areas, fixtures or bedding contaminated by other animals Yes or No

Comment

.....

.....

b.5 Provision has been made for a steward to inspect the exhibited sheep and any sheep exhibiting signs consistent with OJD will be isolated. Yes or No

Comment

.....

.....

c. Advice to Exhibitors Yes or No

c.1 All exhibitors have been advised of the above guidelines.

Comment

.....

.....

c.2 All Exhibitors have been advised to thoroughly clean out trucks used to transport stock. Yes or No

Comment

.....

.....

c.3 All Exhibitors have been advised to separate sheep from Medium - High Assurance, Low Assurance and Not Assessed flocks and have lambs tethered or penned at all times. Yes or No

Comment

.....

.....

Yes or No

AUDIT SUMMARY

Provisions comply with SheepMAP Guidelines

Yes or No

Description of Element

Non Compliance

Minor Defect

.....

Major Defect

.....

Critical Defect

.....

Chief Steward signs that he/she understands the above listed requirements and that these requirements will be met during the show.

Chief Steward Signature:

Date:

Auditor Signature:

Date:



AGRICULTURAL SOCIETIES COUNCIL OF NEW SOUTH WALES LIMITED

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"): **Dubbo Show**

Event Date: **10th 11th & 12th May 2024**

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: