



APPLICATION FOR PROCESSING AND STORAGE OF SEMEN

Owners Name: _____ PH #: _____

Address: _____

Rams Name: _____

Breed: _____ DOB: _____ Place: _____

Herd Book #: _____ ID: _____

Last Date of natural service was; _____

SIRE _____

DAM _____

Last date of natural service was; ____/____/____

Number of straws of deep frozen semen to be processed and/or stored from the Ram identified:
(NZ) _____straws, (Export) _____straws, Specify countries _____

I hereby authorise Xcell Breeding Services Ltd to provide to the pedigree Breed Society with which the Ram is registered, any relevant information that the Society may require.

CONDITIONS

1. The owner or signatory to this form agrees to pay the charges for the processing of semen as detailed.
2. While undertaking to exercise all due care, Xcell Breeding Services Ltd does not accept responsibility for any livestock, semen, equipment which may come into its charge.
3. Livestock, semen or equipment delivered to, or received by the Xcell Breeding Services Ltd is accepted at the sole risk of the owner. It is a condition of the use or supply of the Companies services that Xcell Breeding Services Ltd shall not be liable for loss or damage of any kind, however occurring to livestock, semen or equipment in the Companies care or in transit to or from the Companies Centres. We recommend clients Insure all semen.

I understand and agree to abide by the conditions under which Xcell Breeding Services Ltd accepts livestock, semen or equipment delivered to or received by the Company.

Signed: _____ Date: _____

Status: _____



FOR OFFICE USE ONLY

- A. Ram Arrived on Centre Date: _____
- B. Ram Departed Centre Date: _____
- C. Health Tests Completed Date: _____

CHARGES

- D. Grazing _____ days @ _____
- E. Veterinary Treatment - see below
- F. Straws _____ @ _____
 _____ @ _____
 _____ @ _____
- G. Invoice: _____ Date: _____

VETERINARY TREATMENT

| DATE | DETAILS | COST |
|------|---|------|
| | Ram inspected upon arrival onto breeding centre | |
| | Ram inspected prior to first semen collection | |
| | | |
| | | |
| | | |
| | | |

RAM CUSTOM COLLECTION CHARGES FROM JANUARY 2008.

- 0-200 straws at \$6.00/straw
 200-500 straws at \$4.50/straw
 500 and above at \$4.00/straw
 Agistment \$2.50/day

All prices are exclusive of G.S.T. and are subject to change at any time.



OVINE PRE-ENTRY DISEASE TESTS CERTIFICATION

The owner should arrange for his veterinarian to have the Ram disease tested and this must be in the hands of Xcell Breeding Services Ltd **BEFORE** the animal can be unloaded at the AI Centre.

VETERINARY CERTIFICATE

I _____ Veterinarian Surgeon certify that the animal below has been subjected to the below tests with the results shown. The animal was examined by me on _____ and was found to be free of clinical signs of infectious disease and showed no signs of hereditary defects. Palpation and visual assessment of reproductive organs show no defect.

Rams Name: _____ Date of Birth _____

ID: _____ Breed: _____

Place of Birth _____

Owners Name: _____

Address: _____

**ALL TESTING TO BE COMPLETED AT IDC WALLACEVILLE, please request serum to be stored with IDC for 24 months under the Xcell Breeding services account.*

| DISEASE | BR OVIS | Hairy Shaker | JOHNES | LEPTO (MAT) | | | |
|---------|---------|-----------------|--------|-------------|--------|-----|-----|
| TEST | CFT | Virology 2 pass | ELISA | hardjo | ballum | POM | ICT |
| DATE | | | | | | | |
| RESULT | | | | | | | |

Leptospirosis: If Positive to serology the Ram is to be treated with two doses of streptomycin at 25mg/kg at **EXACTLY** 14 day interval and the dates of treatment recorded.

Dates of treatment: _____

The donor originates from a flock accredited free from Brucella Ovis, and there has been no clinical or serological evidence in the last 3 years for Border disease (Hairy Shaker).

Johnes Disease / TB:

1. Johnes disease / TB has not been known to occur on the farm of origin or any other location where the Ram has been during the previous five years immediately preceding collection

2. Johnes vaccinated? YES NO



*The donor animals originated from flocks that did not present clinical signs of disease, and the donor animals were free of enzootic abortion of ewes, contagious ecthyma, vesicular stomatitis, listeriosis, campylobacteriosis (campylobacter fetus subsp.fetus), infectious encephalomyelitis of sheep (louping ill), and caseous lymphadenitis for the last 2 years.

*No clinical, serological or pathological evidence has been recorded which leads to the conclusion that any of the following diseases occurred on the premises within 36 months prior to collection for pulmonary adenomatosis or maedi-visna, and within 12 months for Akabane or Aino viruses, within 6 months for contagious agalactia (including infection with Mycoplasma agalactiae, M.capricolum, M.mycooides mycooides (large colony), M.mycooides mycooides subspecies Capri).

- The information that I have provided is true, correct and complete in every particular.
- I am aware that this declaration is made for the purposes of supporting export certification under the Animal Products Act 1999.
- I am aware that section 127 of the Animal Products Act 1999* makes it an offence for a person to make a false declaration under that Act.

***Section 127 of the Animal Products Act 1999**

A person commits an offence who, with intent to deceive and for the purpose of obtaining any material benefit or avoiding any material detriment, falsifies, alters, or misapplies any certificate or declaration or other statutory form attached or relating to any animal material or animal product that is required or authorised to be used under this Act, or any official assurance, or tampers with any animal material or animal product that is subject to such a certificate, declaration, form or assurance

I certify that _____ went into isolation on _____ and was kept in isolation between testing and entry to the AI Centre, and was shipped according to MAF standards.

Owner signature: _____ Date: _____

I have no reason to doubt the owner's declaration in relation to the isolation of the animal.

Signature of Vet: _____ Date: _____

Practice Name: _____ Phone: _____



CHECK LIST FOR PRE-ENTRY HEALTH REQUIREMENTS TO XCELL BREEDING SERVICES LTD SOUTH ISLAND BREEDING CENTRE

Following request from a client for a pre-entry test, contact Xcell Breeding Services Ltd for a current form specifying species (bovine, ovine, cervine or caprine). We prefer to send forms on request so we know what is happening.

- Completed certificate must be with Xcell Breeding Services Ltd before animals come on centre (see sample).
- Veterinarians name.
- Date of examination - please ensure they are examined and appear to be reproductively sound.
- Animals name.
- Identification - ear tag, tattoo, photograph, etc.
- Breed.
- Owners name and/or syndicate name.
- Owners address.
- Treated for internal and external parasites.
- Property of origin questions “After due inquiry” means that the questions are asked, response confirmed and that there is compliance with the requirements of the certificate.
- Continuously resident in NZ or Australia since birth.
- Isolation - In my opinion, this is critical and I feel that it is the testing veterinarians responsibility to ensure the animal is isolated for a minimum of 30 days pre-entry (ie ask the owner to point out the isolation paddock and impress on him the importance of isolation).
- Signature of Veterinarian.
- Date.
- Practice name, phone, fax - this is really helpful to us if we need to confirm details or request additional tests.

Finally, hay feeding will help pre conditioning of animals during the pre-entry isolation period.

Remember, the pre-entry certificate is part of Xcell Breeding Services Ltd’s health records which are subject to audit by MAF and exporting country regulatory authorities.

For Non-Export collections, paragraphs marked with an asterix are not essential, and may be crossed out (N/A) and initialled by the veterinarian. If in doubt, please contact Xcell.