

100th ANNUAL WAUCHOPE SHOW

16th & 17th APRIL 2010
WAUCHOPE SHOWGROUND
P.I.C. ND487792

BOER GOATS

Saturday 17th April 2010
Judging will commence at 10.00am

Entry Fees: — \$2.00 per class
Entries Close: Tuesday 13th APRIL 2010

Prize money is as follows for each class:
1st Prize \$8 2nd Prize \$5 3rd Prize \$4
Special Prizes, Trophies & Sashes are awarded to competitors

ALL EXHIBITORS PAY ENTRANCE TO GROUND

GATE:	ADULTS	\$12.00
	CHILD/AGED PENSIONER	\$ 6.00
	GROUP (2A & 2C)	\$30.00

PRESIDENT: Mr John Graham

THE SECRETARY

PO BOX 409

WAUCHOPE NSW 2446

Telephone: (02) 6585 3023 (Showground)

Fax: (02) 6586 1508 (Showground)

Email: wauchopeshowsociety@bigpond.com

Website: www.wauchopeshowsociety.com.au

Conducted under the rules and regulations of the Wauchope Show Society Ltd and the Boer Goat Breeders' Association of Australia Ltd

Chief Steward Goat Section : Mr Darryl Hosking

Steward Boer Goat Section : Gay Bigg

Book Steward Boer Goat Section : Caroline Begbie

ENTRIES CLOSE : Tuesday 13th April 2010 with Show Secretary

The Wauchope Show Society Limited wishes to thank the following for donating prizes/trophies to this section :

MUDDLE'S FARM CENTRE

WELSH STOCKFEEDS

ROGER & GAY BIGG – TATURA STUD

GRAHAM & NOUVELLE BUTCHER – THE GUMS STUD



Muddles Farm Centre

Steve Cooper

Phone: 02 6585 2333 4-6 Wallace Street
Fax: 02 6585 1162 Wauchope 2446
Email: muddlefc@bigpond.net.au

www.muddlesfarmcentre.com.au

2010 Boer Goat Schedule

Doe Classes

- 1 Doe under 6 months
- 2 Doe, 6 months & under 12 months

Junior Champion Doe / Junior Reserve Champion Doe

- 3 Doe, 12 months & under 18 months
- 4 Doe, 18 months & under 24 months
- 5 Doe, 2 years & under 3 years
- 6 Doe, 3 years & over

Senior Champion Doe / Senior Reserve Champion Doe

Grand Champion Doe – *Ribbon Sponsored by Welsh Stockfeeds*

Buck Classes

- 7 Buck under 6 months
- 8 Buck, 6 months & under 12 months

Junior Champion Buck / Junior Reserve Champion Buck

- 9 Buck, over 12 months & under 18 months
- 10 Buck, over 18 months & under 24 months

Senior Champion Buck / Senior Reserve Champion Buck

Grand Champion Buck – *Ribbon. Sponsored by The Gums Stud*

Supreme Champion Boer Goat – *Ribbon. Sponsored by Tatura Stud*

Red Boer & Kalahari Red Classes

- 11 Red doe, any age
- 12 Red buck, under 24 months

Overall Champion Red Boer & Kalahari Red – Ribbon

Group Classes – to be selected from the general classes

- 13 Sires progeny – group of 3 animals, any age, by the same sire, but by at least 2 different dams. Not necessarily bred or owned by the exhibitor.
- 14 Dam & 1 progeny, any age
- 15 Breeders group of 3, bred & owned by the exhibitor.

Commercial Meat Goat Classes

- 16 Wether, any age
- 17 Commercial doe, 6-12 months
- 18 Commercial doe, 13-24 months
- 19 Senior commercial doe
- 20 Doe & 1 progeny, any age

Supreme Commercial Exhibit – Ribbon & Trophy

GOAT SHOW AND SALE DECLARATION BY EXHIBITOR / AUTHORISED REPRESENTATIVE

Provided by Federal Council of Agricultural Societies as part of showground biosecurity and the management of animal health Instructions to Owners / Exhibitors:

1. Complete all sections of this form (see footnotes below).
2. If Johne's disease (JD) AND caprine arthritis encephalitis (CAE) for dairy goats testing has been undertaken, have your approved veterinarian attach a signed veterinary certificate.
3. This Goat Show and Sale Health Declaration form is valid for 6 months from the date of issue. The owner must notify the issuing government veterinarian or Animal Health Officer of any change in herd status or other information provided on the form subsequent to completion of this form.

THIS FORM IS NOT ACCEPTABLE AS AN ENTRY PERMIT TO OTHER STATES AND/OR ZONES

Footnotes

1. Exhibitors may also need additional certification to move between states, check with the local veterinary authority.
2. Should an exhibitor not be able to complete this declaration and believes there may be extenuating circumstances he or she should contact the Agricultural Society.
3. This information MUST reach the Agricultural Society in time to be reviewed before the closing date for entries.
4. An owner's authorised representative should only sign this declaration where he or she has a detailed knowledge of the disease history of the herd.
5. If the property of birth and subsequent property movements are unknown, this declaration cannot be signed.
6. Johne's disease may be 'suspected' where any goats in the herd have had the potential to come into contact with the causative organism or with goats with symptoms typical of Johne's disease, or Johne's disease has not been specifically ruled out as a cause of chronic wasting disease in the herd.
7. Susceptible animals are goats, sheep, deer and camelids.

OWNER/EXHIBITOR DECLARATION

Trading name:

Address: Post code:

Property address: Post code:
(Property Name, Rural Road & Number)

Telephone: Fax:

Breed: Society:

Stud name: Herd No:

Property Identification Code (PIC):

Sale / show: Date:

Description of goat (attach list if necessary):

TOTAL NUMBER OF GOATS ENTERED: Please list below.

NLIS Tag No.	Identification (Tattoos)	Microchip

A completed National Goat Health Statement must be attached to the entry form. Entries will not be accepted unless a fully completed National Goat Health Statement is attached.

Section One

JOHNE'S DISEASE

I, Owner/Manager/Exhibitor (print name):

Of (print address):

Declare that with respect to the property of origin and the sheep listed above, I make the following declarations: (tick the box for the clause(s) which applies)

1. That the goats to be exhibited are accompanied by a signed National Goat Health Statement declaring that their Assurance Rating is: (insert rating)

AND.

2. To the best of my knowledge the goats described in the National Goat Health Statement or their herds of origin are not known or suspected to be infected with Johne's disease.

OR

3. The goats identified above originate from assessed herds under the GoatMAP with status attained in the year indicated; e.g. MN1✓2003:

MN1 (year) MN2 (year) MN3 (year) Herd Status Certificate No.

Date of expiry:

OR

4. The herd from which these goats originate is being managed under a Property Disease Management Plan for Johne's disease AND

5. The goats to be exhibited have tested with negative results by individual faecal culture or pooled faecal culture (pools of 25 or less) within the 6 months immediately preceding this show or exhibition. (Strike through if not applicable).

Date of Certificate:

Name of Approved Veterinarian:APAV Number:

Signed: Date:

Exhibitor/Authorised Representative

Section Two

OTHER CONDITIONS

1. I certify that any dairy goats identified in this declaration are either CAE accredited or have tested negative for CAE in accordance with the requirements of the National Goat Health Statement, which has been attached with this declaration.

2. I certify that any non dairy or dairy cross identified in this declaration are either CAE accredited or have tested negative for CAE in accordance with the requirements of the National Goat Health Statement which has been attached to this declaration, or are not assessed for CAE and have not had access to goat milk through suckling, rearing or feeding unless the milk has been obtained from a CAE certified herd or has been pasteurized.

3. I understand that I must advise the veterinary committee of the respective Agricultural Show Society if there is any new information which would alter the foregoing.

4. I acknowledge that the Agricultural Society relies on the above and I accept personal responsibility for its truth and accuracy.

5. I agree that the Agricultural Society can, at its discretion, contact official veterinary authorities regarding the above disease information relating to my flock and I authorise such authorities to release that information.

6. WA requirements for interstate goats: the goats entered by me have been inspected by a person approved by a state or territory Chief Veterinary Officer (CVO) and do not show signs of footrot. They have been foot bathed or received antibiotics for any purpose within the last three months, nor vaccinated for footrot within the last 12 months. To the best of my knowledge and belief, are not infected with footrot and have not been in contact with footrot-infected animals in the past 12 months. (Strike through if not applicable).

Signed: Date:

Exhibitor/Authorised Representative

Agricultural Societies Council of New South Wales Incorporated

Participants - Parental Indemnity and Waiver Form

To be signed for all children under 18 years

RISK WARNING

The Agricultural Societies Council of New South Wales advises that the participation, including passive participation, in events or activities at an agricultural show contains elements of risk, both obvious and inherent. The risks involved may result in property damage and/or personal injury including death.

1. I the signatory acknowledge, agree, and understand that participation, including passive participation, in events and activities at this, or at any show contains an element of risk of injury.

2. I the signatory acknowledge, agree, and understand that the risk warning at the top of this form constitutes a 'risk warning' for the purposes of Division 5 of the *Civil Liability Act 2002 (NSW)*.

3. I understand that by participating in this show, the subject minor may become exposed to the risk of injury, and I consent to the participation.

4. I, the signatory assert that the above named minor voluntarily consents to participation in this show.

5. I, the signatory acknowledge the risk referred to above and agree to waive any and all rights that I, the above named minor, or any other person, may have against the Wauchope Show Society in relation to any loss or injury (including death) that is suffered by the subject minor as a result of participation in this show.

6. The signatory must continually indemnify the Wauchope Show Society show on a full indemnity basis against any claim or proceeding that is made, threatened or commenced, and any liability, loss, including consequential loss, and loss of profits, damage or expense (including legal costs on a full indemnity basis) that the Wauchope Show Society incurs or suffers, as a direct or indirect result of the subject minor's participation in any event held by Wauchope Show Society.

I have read this form and acknowledge and agree with its contents. I have made any further enquires which I feel are necessary or desirable and fully understand the risks involved in this activity.

I,.....of.....

.....am the parent/guardian of.....Date of Birth.....

Name:

Address:

Signature:

Date:

Agricultural Societies Council of New South Wales Incorporated

Participants Indemnity and Waiver

RISK WARNING

The Agricultural Societies Council of New South Wales advises that the participation, including passive participation, in events or activities at an agricultural show contains elements of risk, both obvious and inherent. The risks involved may result in property damage and/or personal injury including death.

1. I the signatory acknowledge, agree, and understand that participation, including passive participation, in events and activities at this, or at any show contains an element of risk of injury and I agree that I undertake any such risk voluntarily of my own free will and at my own risk.

2. I the signatory acknowledge, agree, and understand that the risk warning at the top of this form constitutes a 'risk warning' for the purposes of Division 5 of the *Civil Liability Act 2002 (NSW)*.

3. I the signatory acknowledge the risk referred to above and agree to waive any and all rights that I, or any other person claiming through me, may have against the Wauchope Show Society in relation to any loss or injury (including death) that is suffered by me as a result of the undersigned's participation in any event held by the show.

4. The signatory must continually indemnify the Wauchope Show Society on a full indemnity basis against any claim or proceeding that is made, threatened or commenced and any liability, loss (including consequential loss and loss of profits), damages or expense (including legal costs on a full indemnity basis) that the Wauchope Show Society incurs or suffers, as a direct or indirect result of the participants participation in any event held by the Wauchope Show Society.

I have read this Indemnity and Waiver form and acknowledge and agree with its contents. I have made any further enquires which I feel are necessary or desirable and fully understand the risks involved in this activity.

Name:

Address:

Signature:

Date:

