

**South Dakota Animal Industry Board
Application for Herd Classification
Johne's Disease Control Program**

I. Owner/Manager Certification:

I hereby certify the following:

- A) I have read and am familiar with the U.S. Voluntary Bovine Johne's Disease Control Program.
- B) At the initial test date; that the herd has been in existence for at least one year or was assembled only from certified herds.
- C) At each test date; only animals 36 months or older were sampled and included in the herd test. All tested animals are officially identified.
- D) That the current number of Johne's Disease Program test eligible animals (3 years old and older) in my

herd is: _____ (head) on Date _____

- E) At each test date; all animals added to the herd since the last herd test were raised in the herd or were added to the herd according to the restrictions listed on pages 20-21 of the program standards.
- F) At each test date; to the best of my knowledge no animals that left the herd tested positive for paratuberculosis or were exhibiting clinical signs of Johne's disease.

Premises Name _____ Address _____

Owner/Manager Name _____

Owner/Manager Signature _____ Date _____

Occasionally, persons interested in purchasing seed stock from herds with a low risk of Johne's disease may request contact information for SD Johne's Disease Classified Herds. Please indicate below whether you wish to give permission to SD AIB to release your contact information.

YES "I give permission to the Animal Industry Board to release my contact information to inquiries on South Dakota Johne's Disease Classified Herds.

NO Please keep my contact information confidential.

II. Veterinarian Certification

I am fully aware of the management and disease history of the herd and the property during the past five years.

Date of last Risk Assessment and Management Plan (RAMP- due every 3 years) Date _____

Veterinarian Name _____

Veterinarian Signature _____ Date _____

(For Office Use Only)

Herd test records reviewed _____ (date)

Application: Denied Explain _____

Pending Explain _____

Granted Level: (1) (2) (3) (4) (5) (6)

Next RAMP due _____ (date)

Next Maintenance Test due _____ (date)

Number of head to test for maintenance _____ (head)