

**KENTUCKY DEPARTMENT OF AGRICULTURE**

**JOHNE'S HERD MANAGEMENT PLAN (MAP)**

This is an agreement between

\_\_\_\_\_  
(Name of Herd Owner)

\_\_\_\_\_  
(Farm Name, if applicable)

\_\_\_\_\_  
(Beef or Dairy)                      (Approx. No. Test Eligible)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City)    (State)                      (Zip)

\_\_\_\_\_  
(Phone Number)

Herein after referred to as the Owner, and

\_\_\_\_\_  
(Name of herd veterinarian and license and accreditation number)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City)    (State)                      (Zip)

\_\_\_\_\_  
(Phone Number)

Herein after referred to as the herd veterinarian, and the Kentucky Department of Agriculture, herein after referred to as the State, to cooperate in the Management Agreement Plan (MAP) designed to eliminate Johne's Disease in a classified Johne's affected herd.

The Management Agreement Plan shall be implemented and all parties shall maintain their assigned MAP responsibilities as follows:

A. The Owner Agrees:

1. Shall raise calves using approved methods designed to minimize exposure to the Johne's bacteria. This shall include environmental sources of Johne's exposed and contaminated equipment and material. The 1<sup>st</sup> herd test will be an Elisa test.
2. Submit fecal samples or blood samples for culture/test from eligible cattle as required by the MAP or as determined by the herd veterinarian, state veterinarian, and Johne's epidemiologist.
3. Remove to slaughter cattle classified as Johne's affected as agreed to in the MAP. The exposed premises shall be cleaned and disinfected following the removal of Johne's affected animals.
4. Maintain individual animal identification and records of all animals culled or added to the herd.
5. Owner shall show proof of a negative Johne's test prior to entry into the Herd. Test may be Elisa or culture.

B. The Herd Veterinarian Agrees:

1. Collect and submit individual animal samples, blood/fecal, for culture serology or DNA probe.
2. Review test results and advise owner of adjustments needed to complete the MAP.
3. Consult owner when needed and assess the MAP progress.

C. The State agrees:

1. To supply the herd veterinarian with epidemiological support and advise the owner on the MAP progress.
2. Maintain program records. This shall include herd test records and all additional information which may be necessary to maintain compliance with the MAP.

D. All parties Agree:

1. There will be no compensation or indemnity paid to the owner for the removal of a Johne's classified shedder or Johne's clinical/classified affected animals or for the movement of affected animals to slaughter or for financial loss for the sale of affected animals.
2. The Department of Agriculture, diagnostic, laboratories or veterinarians associated with implementing the MAP shall not be eligible for damages, losses, or injuries when carrying out the requirement of the MAP.
3. This agreement shall establish guidelines by which all parties will cooperate. This agreement does not constitute a binding obligation on any of the parties with respect to the payment of fees.

4. This voluntary MAP shall become effective on the date of the final signature, but the MAP may be modified or terminated at the request of any party. A voluntary MAP termination or modification shall be submitted to the other parties in writing not less than 60 days prior to the effected date of such termination or modification.
5. The MAP will be reviewed at six (6) month intervals.
6. When available the Kentucky Department of Agriculture will provide funds for laboratory *Mycobacterium paratuberculosis* (Johne's) testing when the herd is enrolled in a MAP.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Herd Veterinarian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(State Veterinarian)