



HIHEALTH HERDCARE CATTLE HEALTH SCHEME

Application for Membership



Section A: Premises

| | | | |
|---------------------------------|------|---------------|-----------|
| Full name of herd owner/manager | | Trading Name: | |
| | | | |
| Full Postal Address: | | | Postcode: |
| | | | |
| Tel: | Fax: | Email: | |
| | | | |

(Please attach a separate note if correspondence is to be sent to a different address)

| | | | |
|----------------------|--|--------------------|--|
| UK Prefix: | | Holding No: | |
| | | | |
| Vet Name & Practice: | | Practice Address: | |
| | | | |
| Practice Tel: | | | |
| Practice Email: | | Practice Postcode: | |

Section B: Enterprise & Stock Details

Detail of all stock on the premises

| | A - Dairy | B - Beef/Suckler | Total A & B |
|--|-----------|------------------|-------------|
| Total number of animals >2 years | | | |
| Pedigree Breeds | | | |

All Health Schemes:

| | | | | |
|--|------------|------------|----------------------|----------------|
| Do you intend to keep accredited and non-accredited cattle on the holding? | Yes | No | | |
| (If yes please provide details) | | | | |
| I confirm that there are suitable facilities for gathering and holding cattle for sample collection | Yes | No | | |
| Do you have a boundary of at least 3 metres between your cattle and any neighbouring cattle? | Yes | No | | |
| (This is essential for IBR & BVD accredited free programmes, but not required for BVD vaccinated monitored free, leptospirosis or Johne's disease) | | | | |
| Have you submitted any samples to another laboratory in the past year for testing for CHECs diseases? | Yes | No | | |
| (If yes please provide details of tests and results) | | | | |
| Do you vaccinate against any of the following? | BVD | IBR | Leptospirosis | Johne's |

Johne's, Neospora and bTB Health Schemes only:

| | | |
|---|----------------|-----------------|
| Do you have a health plan in place covering the control of Johne's, Neospora and/or bTB signed off by the herd's veterinary surgeon (essential requirement of these programmes)? | Yes | No |
| | Johne's | Neospora |

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www.biobest.co.uk/about-us/quality



Section C: Services

Please indicate by ticking the appropriate box below which membership option you wish to sign up to.

| | |
|---|---|
| CHeCS herd health programmes (for BVD, Leptospirosis, IBR, Johne's and Neospora) | Bulk Milk Monitoring Programme (3 bulk milk samples per annum including testing, milk pots and veterinary reporting) |
| BVD Only (BVD testing and control) Full (Eradication, monitoring and accreditation for the 5 diseases above) bTB only bTB add on to BVD or Full membership | Silver (BVD, IBR & Leptospirosis CHeCS programme plus Johne's, Neospora, Liver Fluke and Ostertagia) Gold (Silver testing plus 3 Bactoproof™ Mastitis tests) |

Section D: Declaration

BVD only, Full and Bulk Milk Programmes

- I wish to apply for membership of HiHealth Herdcare
- I certify the details on this form are, to the best of my knowledge, correct
- For the purposes of this scheme, I agree to all relevant information concerning the health of my herd being disclosed by my veterinary surgeon to the scheme organisers
- Any such information will be treated as confidential
- I agree to adhere to all CHeCS rules as stipulated in the CHeCS technical document
- I agree to copies of all reports being sent to my veterinary surgeon
- I agree to my herd information being shared with CHeCS for auditing purposes
- I understand that my herd details will be added to the online HiHealth Herdcare membership database.

If you **DO NOT** wish your herd to be displayed on the database please tick here.

Bovine Tuberculosis Scheme (bTB)

- I wish to apply for membership of the HiHealth Herdcare bTB programme
- I certify the details on this form are, to the best of my knowledge, correct
- For the purposes of this scheme, I agree to all relevant information concerning the health of my herd being disclosed by my veterinary surgeon to the scheme organisers
- For the purposes of this scheme, I give permission for APHA to supply Biobest Laboratories with all relevant information concerning bTB testing of my herd for the past 10 years and in the future, and for Biobest to supply APHA with relevant herd information in regard to my CHeCS bTB herd status
- Any such information will be treated as confidential
- I agree to adhere to all CHeCS rules as stipulated in the CHeCS Risk-Level Certification programme for bovine tuberculosis (bTB) document
- I agree to copies of farm status being forwarded to my veterinary surgeon
- I agree to my herd information being shared with CHeCS for auditing purposes
- I understand that my herd details and status will be added to the online HiHealth Herdcare membership database.

If you **DO NOT** wish your herd to be displayed on the database please tick here.

I undertake to pay all fees payable under the HiHealth Herdcare cattle health scheme and understand that failure to do so may result in the suspension or revocation of my membership.

Signature _____
Owner/Manager (Delete as appropriate)

Date _____

Signature _____
Veterinary Surgeon

Date _____

Please detail how you heard about HiHealth Herdcare: