



## HiHealth Herdcare Submission form for Added Animal(s)



Farmer	Veterinary Practice
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:
CPH:	

- **PLEASE FULLY COMPLETE THIS SUBMISSION TO ALLOW US TO PROCESS YOUR SAMPLES CORRECTLY AND AVOID DELAYS**
- **IF THE HERD IS PARTICIPATING IN THE JOHNE'S ACCREDITATION SCHEME ADDED ANIMALS MUST BE TESTED ON A BLOOD AND DUNG SAMPLE, REGARDLESS OF AGE. IF THE ANIMAL CAME FROM A RISK LEVEL 1 HERD THEN THIS TESTING IS NOT NECESSARY BUT A COPY OF THE HERD OF ORIGIN RISK LEVEL CERTIFICATE IS NEEDED.**
- **PLEASE INCLUDE:**
  - **COPIES OF ACCREDITATION CERTIFICATES SHOWING HERD OF ORIGIN STATUS WHERE APPROPRIATE**

Date that the animal(s) entered quarantine	__ / __ / __
Date that the animal(s) were blood sampled (most situations require 28 days quarantine prior to sampling)	__ / __ / __
How many animals are there in the quarantine group?	
Did the animal(s) come direct from farm of origin? (select no if they came through sale or show)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the farm of origin have accredited status for any of the following? (If yes, please include copies of certificates and provide full details of the herd of origin)	<input type="checkbox"/> BVD <input type="checkbox"/> Johne's RL1 <input type="checkbox"/> IBR <input type="checkbox"/> Neospora <input type="checkbox"/> Lepto <input type="checkbox"/> bTB Score 10
Are any of these animals pregnant? (If yes, please indicate on the next page and include any BVD vaccination details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of these animals been vaccinated? (If yes, please indicate on the second page. Testing must still be carried out despite vaccinations, if they are IBR marker vaccinated please select the gE test. Please be aware that leptospirosis vaccinated animals are likely to test antibody positive and cannot enter a leptospirosis accredited herd.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Owner Declaration:** I confirm that the information provided is, to the best of my knowledge, correct.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**Vet Declaration:** I confirm that the information provided is, to the best of my knowledge, correct. I confirm that the animal is being held in quarantine as per the CHECS rules.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_



Please fully complete this form for all animals that you are adding regardless of whether testing is required or not.

Animal Details					Biobest Number (Lab use only)	Tests Required							Vaccine Details					
Full 12 digit Ear Number	Tube number	Age (months)	Breed	Sex (M/F)		In calf? (Y/N)	BVD Ab	BVD Ag	IBR Ab	IBRgE Marker Ab	Leptospirosis Ab	Johne's Disease Ab	Johne's PCR	Neospora Ab	Other*	BVD (Y/N)	IBR (Y/N)	Lepto (Y/N)

\* Other test(s) required: \_\_\_\_\_