

# Health Scheme Membership Declaration

## For dairy members

This form should be completed, signed and attached to the annual testing submission form.



|                   |  |               |
|-------------------|--|---------------|
| Owner:            |  | Farm Address: |
| CPH Number:       |  |               |
| Herd Number:      |  |               |
| Date of Sampling: |  |               |

### Herd Information Required

|                                                                                                                                                                                                                                                                       |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| A CHECS compliant Health Plan endorsed by your vet is compulsory for those following the Johne's, Neospora and bTB programmes.<br>Please indicate the diseases for which you have a health plan in place.                                                             | Johne's<br>Neospora<br>bTB<br>(including entry level) |
| Do you have boundaries that prevent nose to nose contact between your cattle & any neighbouring cattle? (e.g double fencing)<br>(This is essential for IBR and/or BVD Accredited Free programmes, but not a requirement for BVD Vaccinated Monitored Free programme). | Yes      No                                           |
| Is the breeding herd vaccinated against BVD?                                                                                                                                                                                                                          | Yes      No                                           |
| Please confirm the number of animals between 1 and 2 years of age at the time of testing.<br>(not required for Johne's only accreditation)                                                                                                                            |                                                       |
| Please confirm the number of animals 2 years of age or over in the herd at the time of testing.                                                                                                                                                                       |                                                       |
| JOHNE'S: Have all animals over 2 years of age in the herd not undergoing milk testing for Johne's been included in this test? (Bulls, Heifers over 2 years not yet in milk)                                                                                           | Yes      No                                           |

### Website Sign Up

|                                                                                                                                                                                              |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Please tick if you would like your details added to the HiHealth Herdcare membership database which contains information about accredited herds, and contact details for the relevant farms. | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

### Declaration by Owner/Manager

The numbers of animals on the premises are as recorded and all animals added in the last 12 months have been quarantined and tested appropriately. I agree to abide by the Rules and Conditions of membership. I agree to my herd information being shared with CHECS for auditing purposes. All information is correct as at the time of recording.

|                      |  |       |  |
|----------------------|--|-------|--|
| Signature:           |  | Date: |  |
| Name: (please print) |  |       |  |

### Declaration by Veterinary Surgeon

I have discussed the operation of the scheme with my client who, to the best of my knowledge, is complying with the rules and conditions of HiHealth Herdcare. I have sampled, according to the rules, the appropriate number of animals. To the best of my knowledge the above information provided by the farmer is correct.

|                      |  |       |  |
|----------------------|--|-------|--|
| Signature:           |  | Date: |  |
| Name: (please print) |  |       |  |

Biobest Laboratories Ltd, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY, UK  
Tel: +44 (0)131 440 2628 (Edinburgh) 01856 878293 (Orkney) Fax: +44 (0)131 440 9587 email: [hihealthherdcare@biobest.co.uk](mailto:hihealthherdcare@biobest.co.uk) website: [www.biobest.co.uk](http://www.biobest.co.uk)

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