



**bTB PROGRAMME HIHEALTH HERDCARE
CATTLE HEALTH SCHEME
Application for Membership**



FOR OFFICE USE ONLY	
BB Membership No.	Date of Receipt

A SEPARATE FORM IS REQUIRED FOR EACH CPH

Section A: PREMISES (all information provided must match the official APHA records for your holding)

Full name of herd owner/manager		Business/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: (All 11 digits of CPHH required; this can be found on your test notification letter from APHA)	
		/ / /	
Vet Name & Practice:		Practice Address:	
Practice Tel:			
Practice Email:		Practice Postcode:	

Section B: ENTERPRISE DETAILS

Do you have a CHECS compliant health plan in place covering the control of bTB, including entry level, signed off by the herd's veterinary surgeon (essential requirement)?	Yes	No
Have you removed all resolved inconclusive reactors (rIRs) from your herd that were disclosed more than 6 months ago?	Yes	No
Are you an existing member of the HiHealth Herdcare Cattle Health Scheme?	Yes	No
Or are you transferring from another cattle health scheme? If yes, please state which	Yes	No
If you are in a 6-monthly testing area and receive a CHECS score of 1 or above do you wish to take advantage of annual surveillance TB testing (earned recognition)?	Yes	No
Do you wish Biobest to access your BCMS records? If yes, please complete an agent access form (required)	Yes	No

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 www.biobest.co.uk v1

Please note that the services performed by Biobest are subject to the Biobest Terms & Conditions of Supply which were updated on the 1st June 2009 and which are deemed to be incorporated into this contract. For a copy of these terms and information concerning the test methods employed, sample requirements and test pricing please contact Biobest or visit www.biobest.co.uk Copyright © (2022) Biobest Laboratories Limited

Biobest hold ISO:17025 accreditation for a number of our tests. A copy of our current schedule of accreditation can be found on our website at www.biobest.co.uk/about-us/quality



Section D: DECLARATION

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; this includes the removal of rIRs within 6 months of disclosure
- I agree to copies of farm status being forwarded to my veterinary surgeon
- I agree to my herd information being shared to 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

Date

(This must match the registered herd owner on APHA's IT system)

Print Name

TO BE COUNTERSIGNED BY YOUR VET

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 the CHECS TB Accreditation programme and has an appropriate health plan in place, including a CHECS Entry Level plan.

Signature

Date

Print Name

Please return completed forms to HiHealth Herdcare at the address below.

Please detail how you heard about HiHealth Herdcare:

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