

Health Scheme Membership Declaration



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

Owner:		Farm Address:
CPH Number: (xx/xxx/xxxx)		
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. Please indicate the diseases for which you have a health plan in place.	Johne's Neospora bTB (inc. entry level)
Do you have boundaries that prevent nose to nose contact between your cattle & any neighbouring cattle? (e.g double fencing) (This is essential for IBR, BVD and/or bTB Accreditation 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. (not required for Johne's only accreditation)	
Please confirm the number of animals 2 years of age and over in the herd at the time of testing.	
For dairy herds quarterly testing for Johne's through their milk recorder: Have all animals 2 years of age and over in the herd not undergoing milk testing for Johne's been included in this test? (Bulls, Heifers 2 years of age and over not yet in milk)	Yes No

Online Database 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
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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)			

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