

HIHEALTH FLOCKCARE SHEEP 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)

Flock No:		Holding No:	
Vet Name & Practice:		Practice Address:	
Practice Tel:			
Practice Email:		Practice Postcode:	

Are you a member of an existing accreditation scheme?
(if YES give details on a separate sheet)

Yes

No

Section B: Enterprise & Stock Details

Detail of all stock on the premises

Enterprise Type (please tick all that apply):								
Sheep	<input type="checkbox"/>	Beef Cattle	<input type="checkbox"/>	Dairy Cattle	<input type="checkbox"/>	Arable	<input type="checkbox"/>	
Flock type:								
Hill/Upland	<input type="checkbox"/>	Lowland	<input type="checkbox"/>	If Hill/Upland do you use common grazing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Flock purpose:								
Breeding Flock	<input type="checkbox"/>	Dairy	<input type="checkbox"/>	Lamb Finisher Only	<input type="checkbox"/>	Smallholder	<input type="checkbox"/>	

	Breeding Ewes	Replacements	Lambs <12 months old	Rams
Number				
Pedigree Breeds				

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Section D: Declaration

- I wish to apply for membership of HiHealth Flockcare.
- 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 flock being disclosed by my veterinary surgeon to the scheme organisers
- Any such information will be treated as confidential
- I agree to copies of all reports being sent to my veterinary surgeon

I undertake:

To pay all fees payable under the sheep 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 Flockcare and main reason for joining: