

# Health Scheme Membership Declaration

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

Farm Address:

CPH Number:

Herd Number:

Date of sampling

## HERD INFORMATION REQUIRED:

Do you have a Johnes Health Plan in place that covers the requirements of the CHECS Johnes scheme and is endorsed by your vet?    Yes     No

Do you have double fencing with a gap of 3 metres between your cattle & any neighbouring cattle?    Yes     No   
 (This is essential for IBR and/or BVD Accredited Free programmes, but not a requirement for BVD Vaccinated Monitored Free programme).

Is the breeding herd vaccinated against BVD?    Yes     No

Number of cattle in the herd:    Between 1 and 2 years     and    2 years and over

## 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. I agree to abide by the Rules and Conditions of membership. 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.

Signature:     Date:

Name: (Please print)