



HIHEALTH HERDCARE CATTLE 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)

Herd No:..... Holding No:.....

Vet Practice and Vet Name:.....

Practice Address:..... Tel:.....

Do you intend to keep accredited & non-accredited cattle on the same holding?
 (if YES give details on a separate sheet – this must be discussed with your health scheme provider)

Yes No

Section B: ENTERPRISE AND STOCK DETAILS

Details of all stock on the premises:

- Bulls (over 12 months)
- Cows & Heifers (over 24 months)
- Heifers (12-24 months)
- Young stock (<12 months)
- Steers (12-24 months)

	(A) DAIRY	(B) BEEF/SUCKLER	TOTAL A & B
TOTALS			
PEDIGREE BREEDS			

Commercial cross-bred herd (Tick if yes)

I confirm there are suitable facilities for gathering and holding cattle for blood testing Yes No

Do you have a boundary of at least 3 metres between your cattle & any neighbouring cattle (This is essential for IBR and BVD accredited free programmes, but not require for BVD vaccinated monitored free, leptospirosis or Johne's disease) Yes No

Have you submitted any samples to another laboratory in the past year for testing for the CHeCS diseases?
 (If yes please provide details of tests and results.) Yes No

Do you vaccinate for BVD IBR leptospirosis Johne's



Section C: SERVICES

- Please indicate by ticking the appropriate box below which membership categories you are interested in (CHeCS herd health programmes for BVD, leptospirosis, IBR & Johne's):

<u>Full HiHealth Herdcare Membership</u>	<u>Bulk Milk Monitoring</u>
* BVD Plus (BVD testing and control)	<input type="checkbox"/> * Silver (7 Diseases)
* Silver (Eradication, monitoring & accreditation for up to 4 diseases)	* Gold (7 Diseases & Mastitis)
	<input type="checkbox"/> (7 Diseases include BVD, IBR, leptospirosis, Johne's Neospora, Liver Fluke & Ostertagia)

Section D: DECLARATION

- I wish to apply for membership of HiHealth Herdcare
- 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
- Any such information will be treated as confidential
- I agree to adhere to all CHeCS rules as stipulated in the CHeCS technical document
- I agree to copies of all reports being sent to my veterinary surgeon
- I understand that my details will be added to the online HiHealth Herdcare membership database.
- Please tick here if you **DO NOT** wish your herd to be displayed on the database

I undertake:

To pay all fees payable under the cattle health scheme and understand that failure to do so may result in the suspension or revocation of my membership.

Signature Date

Status (eg owner, manager, etc)

TO BE COUNTERSIGNED BY YOUR VET (not required for Milk Monitored Membership)

Signature Date

Please return completed forms to Hi Health Herdcare at the address below.

Please detail below how you heard about HiHealth Herdcare: