

PREMIUM CATTLE HEALTH SCHEME DECLARATION

Member Number:

**Submission Reference Number** …………………………………………….

**Date Of Submission**  ……………………………………………..

*DECLARATION BY OWNER AND VETERINARY SURGEON*

**VETERINARY SURGEON -** I have explained the rules of the Scheme to my client who, to the best of my knowledge, is complying with the Rules and Conditions of the PCHS.

**OWNER/MANAGER -** I agree to abide by the Rules and Conditions of membership. All information is correct as at time of recording.

Signed ……………………………………………………………………………..…………. Owner/Manager

Name (block letters) ………………………………….………………………… Date …………….……….

Holding Number (CPH) ……………………………………. Post Code ………………………………

**Boundary Biosecurity**

I confirm double fencing or use of an equivalent boundary to provide gap of 3 metres between scheme cattle and any neighbouring cattle of a lower health status is in place (this is a requirement for BVD & IBR accredited free programmes) **YES**

Breeding cattle are vaccinated against:

**BVD IBR Lepto**

**Name (block letters) ………………………………………………….**

Marker Y / N

Signed ………………………………………………………………………………………………...... MRCVS

Name (block letters) ……………………………….…………………………… Date ……………..……….

**Please refer to Sample Policy, Terms and Conditions and GDPR on our website at** [**www.sruc.ac.uk/vets**](http://www.sruc.ac.uk/vets)

SAC Commercial Limited. A subsidiary company of SRUC. Registered in Scotland, Company Number SC148684