

Premium Cattle Health Scheme

Submission Form

Send Samples To:

**SRUC Health Schemes, Greycrook, St Boswells, TD6 0EQ**

\*For Annual Screens (excluding BVD) please contact the office at healthschemes@sruc.ac.uk for client specific barcoded labels and paperwork.

*Where non-health scheme testing is required, please submit a second blood sample along with a SRUC Farm Animal submission form.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Vet Practice**  |  | **Client** |  |
| **Address** |  | **Farm Name** |  |
| **Practitioner**  |  | **Holding Number** |  |
|  |  | **Date Sampled** |  |

**NUMBER OF SAMPLES SUBMITTED:**

**Clotted blood …………. Faeces …………. Milk Samples …………. Tissue Tags ……….**

**TICK TEST TYPE BELOW:**

**Annual Screen (see above \*) Retest Animal(s)**

**Added Animal(s) Quarantine Animal(s)**

**Other (detail) ………………………………………………………………………………………………………….**

**Search for PI animals** *Please note that for pooling we require a separate clotted sample that cannot be used for any other test.*

**MILK TEST(S) ONLY:**

**Bulk Milk First Lactation Individual**

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PREMIUM CATTLE HEALTH SCHEME DECLARATION

*DECLARATION BY OWNER AND VETERINARY SURGEON*

**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 ………………………………

**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.

**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 ……………..……….

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| **General Information** | **Please Tick Required Test(s)****BVD Ag Elisa –** animals aged 4 weeks and over**BVD PCR –** animals aged 6 weeks and over |
| **Tube Number** | **Age/DOB****Ear Number** |  |  | **BVD Ab****Breed**  | **BVD PCR****Sex** |  | **BVD Ag Elisa** |  | **IBR gB** | **IBR gE (marker vaccinated)**  | **Leptospirosis****Johne’s Ab**  | **Johne’s Faeces** |  |
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**Neospora**

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**PLEASE COPY MORE PAGES AS REQUIRED**

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