



Premium Cattle Health Scheme Submission Form



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Sub Ref X
Cross Ref
Date Rcvd

Send Samples to: SRUC Health Schemes, Greycrook, St Boswells, TD6 0EQ

Annual /Routine Screens* (where barcoded labels are not being used), Added Animals, Clinical Screen, Reproductive Failure Test or Bulk Milk Tests

*Please note that for Annual/Routine Screens we supply client-specific barcoded labels and paperwork in advance of the due date of the test. Where the barcode system is not used there may be an additional Admin charge imposed for the extra processing work involved. Please telephone us to arrange for the labels and paperwork to be posted to you..

Table with 4 columns: Vet Practice, Address, Practitioner, SAC Contact Vet, Client, Farm Name, Holding Number, Date Sampled

Where non-health scheme testing is required, such as biochemistry, please submit a second blood sample and use the SRUC Farm Animal submission form.

Number of samples submitted:

Clotted blood Faeces:
Milk Samples Tissue Tags:

BVD Check Test: (NO LABELS SUPPLIED)
From each separately managed group of cattle in the age range 9 to 18 months*, sample five unvaccinated home reared cattle and test for antibody to BVDV

PLEASE COMPLETE ANIMAL/TEST DETAILS OVERLEAF & TICK TEST TYPE BELOW:

- Retest(s) [] Clinical Screen []
Added Animal(s) [] Reproductive Failure []
Quarantine Animal(s) [] Date of Entry Into Quarantine/...../.....
Cull Screen/Non Home bred [] Annual Screen (see * above) []
Search for PI animals [] by pooling samples []

Please note that for pooling we require a separate clotted sample that cannot be used for any other test

Other (detail)

Complete below for Milk Tests only

Bulk Milk / First Lactation Screen (please delete) Sample Collected by

Test(s) Required

PREMIUM CATTLE HEALTH SCHEME DECLARATION

Submission Reference Number

Date of Submission

DECLARATION BY OWNER AND VETERINARY SURGEON

By submitting these samples for testing you accept our Standard Terms and Conditions. These can be found at:

<https://www.sruc.ac.uk/vets/terms>

1 I agree to abide by the Rules and Conditions of membership. All information is correct as at time of recording.

Signed Owner/Manager Date

Name (block letters)

If you do not already receive your results by email but would like to please complete below:

Email Address

2 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.

I have blood sampled, according to the rules, the appropriate number of animals.

Boundary Biosecurity

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

Three metre boundary biosecurity is not in place therefore appropriate cattle are vaccinated against BVD IBR according to datasheet instructions (this is a requirement for the BVD and IBR vaccinated monitored free programmes).

Signed MRCVS Date

Name (block letters)

Animal Identification, Sample Number and Test Required

General Information						Please Tick Required Test(s)						
	Tube N ^o	Ear N ^o	Age/DOB	Breed	Sex	BVD Ab	BVD virus	IBR* Ab	Johne's Ab	Johnes Faeces	Lepto Ab	Neosp
1												
2												
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19												
20												

IBR Marker Vaccinated? Yes / No (delete as required)

Animal Identification, Sample Number and Test Required

General Information						Please Tick Required Test(s)						
	Tu be N°	Ear N°	Age/ DOB	Breed	Sex	BVD Ab	BVD virus	IBR* Ab	Johne's Ab	Johnes Faeces	Lept Ab	Neosp
21												
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* MARKER VACCINATED Yes No

