Logo, company name

Description automatically generatedChart, diagram, bar chart

Description automatically generated

Premium Sheep & Goat Health Scheme Declaration by Owner and Veterinary Surgeon

Please complete and return the attached form to accompany samples received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A full report cannot be issued without this.

Test ref:

Client account number:

|  |
| --- |
| **Declaration by Owner and Veterinary Surgeon** |
| I agree to abide by the rules and conditions of membership. All information provided is correct at the time of recording.  **Signed:…………………………………………………….. Owner/Manager**  **Name:……………………………………………………… Date:…………………………..** |
| **1**.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 PSGHS.  **2**.I have blood sampled, according to the rules, the appropriate number of animals.  **Signed:……………………………………………………… MRCVS**  **Name:……………………………………………………….. Date:…………………………….** |