

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:

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| **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:…………………………….** |