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*

**NUMBER OF SAMPLES SUBMITTED:**

Blood………… Faeces………… Tissue………… Individual Milk………… Bulk Milk………… 1st lact milk…………

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

**PCHS PROGRAMME:**

|  |  |  |
| --- | --- | --- |
| **BVD:** | **IBR:** | **L. Hardjo:** |
| Accreditation | Accreditation | Accreditation |
| Vaccinated monitored | Vaccinated monitored | Monitored |
| Dairy BVD Negative |  |  |

|  |  |  |
| --- | --- | --- |
| **Johne’s:** | **Neospora:** | Ad hoc testing |
| Risk Level Certification | Risk Level Certification | Milk monitoring |

**TEST TYPE:**

|  |  |  |
| --- | --- | --- |
| Annual screen (see above)  | Retest animal(s)  | Added animal(s)  |
| Quarantine animal(s)  | Other (details) |



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Declaration



**DECLARATION BY OWNER AND VETERINARY SURGEON:**

**OWNER/MANAGER:**

* All animals added in the last 12 months have been tested +/- quarantined as required.
* I agree to abide by the Rules and Conditions of membership.
* I agree to my herd information being shared with CHECS for auditing purposes.
* All information is correct as at the time of recording.

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

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

**VETERINARY SURGEON:**

* I have discussed the operation of the scheme with my client who, to the best of my knowledge, is complying with the PCHS rules and conditions.
* I (or my designee, who is neither the owner of the animals or their employee) have sampled according to the rules the appropriate number of animals and confirmed their official IDs (not required for official ID tissue tags).
* To the best of my knowledge the above information provided by the farmer is correct.
* I confirm double fencing or an equivalent boundary to provide gap of 3m between scheme cattle and any neighbouring cattle of a lower health status is in place (this is a requirement for BVD and IBR accredited free programmes).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YES** |  |  | **NO** |  |

* Breeding cattle are vaccinated against:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BVD** |  |  |  |  |  |
|  |  |  |  |  |  |
| **IBR** | Marker |  |  | Non-marker |  |
|  |  |  |  |  |  |
| **L. Hardjo** |  |  |  |  |  |

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

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

|  |  |
| --- | --- |
| **General Information** | **Please tick required tests****BVD Ag ELISA –** animals aged 4 weeks and over**BVD PCR –** animals aged 6 weeks and over |
| **Tube Number** | **Ear Number** | **Age/DOB** | **Breed** | **Sex** | **BVD Ab** | **BVD Ag ELISA** | **BVD PCR** | **IBR gB** | **IBR gE (marker vaccinated)** | **Johne’s Ab** | **Johne’s faecal PCR** | **Lepto Ab** | **Neospora Ab** |
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