Chart, diagram, bar chart

Description automatically generated

**PREMIUM SHEEP AND GOAT HEALTH SCHEME**

**MV/CAE, Johnes and EAE Submission Form**

Please return samples to:

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

Logo, company name

Description automatically generated

**Date of test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Veterinary Practice Name and Address** | **Client Name and Address** |
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| **Clinician**: | **CPH Number:** |
|

**Summary of animals to test:**

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| --- | --- | --- | --- |
| **SHEEP:** TOTAL number to test | **MV:** | **Johnes:** | **EAE:** |
| **GOATS:** TOTAL number to test | **CAE:** | **Johnes:** | **EAE:** |

***Please note if you require any non Health Scheme tests we require a separate blood sample and a completed Farm Animal submission form***

**Breeds:**

|  |  |
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| **Please list ALL BREEDS**  **in your accredited (or accrediting) flock/herd** | **SHEEP:** |
| **GOATS:** |

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| **Do you have sheep/goats on your holding that are to remain non-accredited?** | **YES** | **NO** |
|  |  |

|  |  |  |  |  |  |
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| **Current stock in ACCREDITED flock/herd** | | | | | |
| **SHEEP** | | | **GOATS** | | |
| **Age** | Females | Males | **Age** | Females | Males |
| **< 12 months** |  |  | **< 12 months** |  |  |
| **12-17 months** |  |  | **12-17 months** |  |  |
| **18 months and over** |  |  | **18 months and over** |  |  |

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| **Test Type**  (For more information on the tests please see information leaflet provided, this contains the correct stock numbers to test) | No. of animals tested | |
| **Routine Periodic Blood Test** |  | |
| **12 Animal Non-Accredited Screen** |  | |
| **Qualifying Test for Flock/Herd**: Non accredited flock/herd joining scheme | 1st Q | 2nd Q |
| **Qualifying Test for Added Animals**: Non accredited ANIMALS joining accredited flock/herd | 1st Q | 2nd Q |
| **Added Accredited Animals**: Accredited animals joining an accredited flock/herd |  | |
| **Point of purchase test** |  | |
| **Other**: Please note reason for test |  | |

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| **Declaration by Owner and Veterinary Surgeon**  **(This form is invalid if this section is not signed by the 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:………………** |
| 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.  I have blood sampled, according to the rules, the appropriate number of animals.  **VET - Signed:……………………………………………………………. MRCVS**  **Name:……………………………………………………………… Date:………………** |

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| **ADDED ACCREDITED ANIMALS INCLUDED IN THIS TEST** | | | | | |
|  | **Ear Number** | **Age** | **Breed** | **Date of Purchase** | **Previous owners name and address** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
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| 4 |  |  |  |  |  |
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| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

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| **Number of accredited/qualifying flocks on holding:**  To be considered a separate flock, a group of animals must contain females of breeding age and be totally biosecure from other groups of sheep/goats. |  |

Separate flocks/herds, and groups within a flock/herd that are largely managed separately, should be sampled according to the numbers in the sample size table in the information leaflet. For example: If in a flock/herd of 500 sheep/goats, 200 are run in one group and 300 in a separate group, then the numbers sampled should be 105 and 115 respectively.

**\*EAE samples:** please list ‘A’ (aborted), ‘B’ (barren) or ‘L’ (lambed) in the EAE box below.

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| Please submit bloods in their boxes in the same order as listed below or an admin charge will be imposed if we have to re-order the bloods. | | | | | | **TEST(S) REQUIRED** | | |
| **For office use** | **Tube No** | **Ear No** | **Age** | **Breed** | **Sex** | **MV/**  **CAE** | **EAE\***  **A/B/L** | **JOH** |
| **1** |  |  |  |  |  |  |  |  |
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| Please submit bloods in their boxes in the same order as listed below or an admin charge will be imposed if we have to re-order the bloods. | | | | | | **TEST(S) REQUIRED** | | |
| **For office use** | **Tube No** | **Ear No** | **Age** | **Breed** | **Sex** | **MV/**  **CAE** | **EAE\***  **A/B/L** | **JOH** |
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| Please submit bloods in their boxes in the same order as listed below or an admin charge will be imposed if we have to re-order the bloods. | | | | | | **TEST(S) REQUIRED** | | |
| **For office use** | **Tube No** | **Ear No** | **Age** | **Breed** | **Sex** | **MV/**  **CAE** | **EAE\***  **A/B/L** | **JOH** |
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| Please submit bloods in their boxes in the same order as listed below or an admin charge will be imposed if we have to re-order the bloods. | | | | | | **TEST(S) REQUIRED** | | |
| **For office use** | **Tube No** | **Ear No** | **Age** | **Breed** | **Sex** | **MV/**  **CAE** | **EAE\***  **A/B/L** | **JOH** |
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**COPY THIS PAGE FOR FURTHER SHEETS AS REQUIRED**

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| **For office use** | **Tube No** | **Ear No** | **Age** | **Breed** | **Sex** | **MV/**  **CAE** | **EAE\***  **A/B/L** | **JOH** |
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**Laboratory Reference …………………..**

**Non-Accredited Flock Screen**

**Client Name ……………………………………**

**Farm Name ……………………………………**

**Sample selection: Please use the following criteria to select 12 non accredited animals for testing**

* All animals tested ideally should be thin (body condition 2 or less)
* Animals should have no obvious reasons for poor body condition score e.g. being broken mouthed or lameness due to foot rot.

|  |  |  |
| --- | --- | --- |
| **No clinical signs** | **Breathlessness** | **Swollen joints** |
| **Incoordination** | **Thin** | **Increased deaths** |
| **Excessive culling** | **Reduced milk production in ewes** | **Poor lamb growth rates failing to reach targets at weaning** |

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| **Blood Test Information** | | | | | |
| **No** | **Tube No** | **Ear No** | **Age** | **Breed** | **Sex** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
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