

**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



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

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| **Veterinary Practice Name and Address** | **Client Name and Address** |
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| **Clinician**:  | **CPH Number:** |
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**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 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
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| 8 |  |  |  |  |  |
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| 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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| **15** |  |  |  |  |  |  |  |  |
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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** |
| **17** |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |
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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** |
| **35** |  |  |  |  |  |  |  |  |
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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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| 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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**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.

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| **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** |  |  |  |  |  |
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