

CATTLE HEALTH SCHEME

Application for Membership

SECTION A: PREMISES

1. Name of herd owner/manager: Surname Initials Mr/Mrs/Miss/Ms/Messrs
2. Full postal address:

Postcode:

Tel:

Fax:

Email:

3. Herd mark/number:

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4. Holding No:

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5. Is there more than one herd in the same ownership: Yes No
(If YES give details on a separate sheet).

8. Is there any contact or movement of cattle between these herds: Yes No
(If YES give details on a separate sheet).

SECTION B: ENTERPRISE AND STOCK DETAILS

7. (a) Details of all stock on the premises:	(A) DAIRY	(B) BEEF/SUCKLER	TOTAL A & B
• Bulls (<i>over 15 months</i>)			
• Cows & Heifers (<i>over 24 months</i>)			
• Heifers (<i>12-24 months</i>)			
• Young stock (<i><12 months</i>)			
• Steers (<i>12-24 months</i>)			
TOTALS			

(b) PEDIGREE BREEDS

(c) Commercial cross-bred herd (Tick if yes)

8. I confirm there are suitable facilities for gathering and holding cattle for blood testing: Yes No

9. Name and address of your veterinary surgeon:

Postcode:

Tel:

Fax:

Biobest Laboratories Ltd, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY, UK
 Tel: +44 (0)131 440 2628 Fax: +44 (0)131 440 9587 email: herdcare@biobest.co.uk www.biobest.co.uk

Please note that the services performed by Biobest are subject to the Biobest Terms & Conditions of Supply which were updated on the 27th July 2006 and which are deemed to be incorporated into this contract. For a copy of these terms and information concerning the test methods employed, sample requirements and test pricing please contact Biobest or visit www.biobest.co.uk.

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SECTION C: SERVICES

- Please indicate by ticking the appropriate box below which membership categories you are interested in:

BVD	<input type="checkbox"/>	Monitored (dairy only)	<input type="checkbox"/>
IBR	<input type="checkbox"/>	Screening and Eradication	<input type="checkbox"/>
Leptospira hardjo	<input type="checkbox"/>	Accredited	<input type="checkbox"/>
Johne's	<input type="checkbox"/>		

SECTION D: DECLARATION

- I wish to apply for membership of Herdcare.
- I certify the details on this form are, to the best of my knowledge, correct.
- For the purposes of this scheme, I agree to all relevant information concerning the health of my herd being disclosed by my veterinary surgeon to the scheme organisers.
- Any such information will be treated as confidential.
- I agree to copies of all reports being sent to my veterinary surgeon.
- I understand that my details will be added to the online Herdcare membership database. Please tick here if you **do not** wish your herd to be displayed on the database.

I undertake:

To pay all fees payable under the cattle health scheme and understand that failure to do so may result in the suspension or revocation of my membership.

Signature	<input type="text"/>	Date	<input type="text"/>
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- Status (eg owner manager etc)

TO BE COUNTERSIGNED BY YOUR VET (Not required for Milk Monitored Membership)

Signature	<input type="text"/>	Date	<input type="text"/>
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If an existing member recommended that you join Herdcare please note their details here:

Farmer Name and Address:

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