



SHETLAND ANIMAL HEALTH SCHEME

Application form for Membership



Please return completed form to: SRUC Veterinary Services, Mill of Craibstone, Bucksburn, Aberdeen, AB21 9TB

For the purposes of the scheme a herd is defined as cattle that are under a unified management systems not necessarily on one premise.

SRUC Veterinary Services complies with the standards set by The Data Protection Act 2018 and the GDPR.

By submitting this form you accept our Standard Terms and Conditions. These can be found at <https://www.sruc.ac.uk/vets/terms>

SECTION A: PREMISES

1. Name of herd owner

Surname	<input type="text"/>	Title	<input type="text"/>	Initials	<input type="text"/>
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2. Full postal address to which we should send correspondence

Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>

3. Name of herd agent or manager if appropriate

Surname	<input type="text"/>	Title	<input type="text"/>	Initials	<input type="text"/>
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Full postal address if different from above

Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>

4. Address where herd kept

(If this is the same as in 2 or 3, write "as in 2" or "as in 3" as appropriate)

Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>

5. Agricultural holding number where herd is kept (CPHH)

(eg 12/123/1234)

6. OS Map reference number of farm steading

(eg NP 123456)

If you need to enter further addressees, holding numbers and OS map references, please attach a separate sheet.

7. Is there more than one herd in the same ownership?

Yes

No

If YES, please enter below the address(es) and Agricultural holding number(s)

Address

Postcode

Tel

Fax

Holding number (CPHH)

OS Map reference number of farm steading

If you need to enter further addressees, holding numbers and OS Map references, please attach a separate sheet.

8. Will these other herds apply for scheme membership?

Yes

No

9. Is there any contact or movement of cattle between herds described?

Yes

No

If YES please specify

SECTION B: DISEASES

10. Please tick the appropriate box for the disease control programme you have selected

BVD

Johne's Disease

SECTION C: ENTERPRISE AND STOCK DETAILS

11. Please enter the numbers of cattle on the premises where the herd is kept.

Age	Accredited		Non-accredited	
	Female	Male	Female	Male
4 to 7 months				
8 to 11 months				
12 to 23 months				
24 months & over				

12. Breeds to be included in scheme herd

13. Is your herd newly established within the last 3 years?

Yes No

If YES, please give details

14. Do your cattle contact sheep at anytime

Yes No

If YES please give details

15. a) Which facilities are available for the isolation of purchased or other animals, or reactors etc?

b) How many animals can be accommodated in these facilities?

16. Name and address of veterinary surgeon

Postcode			
Tel		Fax	

SECTION D: DECLARATION & AUTHORISATION

I wish to apply for membership of the Shetland Animal Health Scheme. I certify that the details given on this form are to the best of my knowledge correct.

For the purpose of the scheme, I agree to all relevant information concerning the health of my herd being disclosed by my veterinary surgeon to the SRUC. This information will be treated in confidence.

SRUC uses the British Cattle Movement Service (BCMS) data to produce barcoded labels for sample testing. Your data is secure as we have 'read only' access to your records.

If you agree to allow us to access your data please tick here:

[Please note there will be an additional charge for label production where BCMS data cannot be accessed]

SRUC can include details of herd disease statuses on a database in the public domain for use in connection with sale of accredited/accrediting stock”

If you wish your contact details and stock data to be included on the database (SRUC and Others) please tick here:

Signature-----
Owner/manager (delete as applicable)

Date-----

I confirm that my client has discussed this application with me. I am able/unable* to provide consultancy support to my client (*delete as appropriate).

Signature-----
Private Veterinary Surgeon

Date-----