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PREMIUM CATTLE HEALTH SCHEME NEOSPORA RISK LEVEL FORM

This form MUST be signed by yourself and your vet if you require certificates for Neospora disease

Member Number:

Herds that **do not** require a risk level do not need to complete this paperwork.

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| **Mandatory Elements for Accredited Herds : THESE MUST BE IN PLACE** |
| 1. All female animals of 2 years and over and any females between 12 and 24 months intended for breeding must be tested annually. |
| 1. Animals that test Positive for Neospora must not be retained. |
| 1. Added animals must be tested as per the CHeCS rules. |
| 1. Abortions and clinical cases must be investigated. *The minimum requirement is that the aborting dam is tested for antibodies to Neospora.* |

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| **Advisory Elements** |
| 1. Placentae, stillborn calves and carcasses must be removed as quickly as possible to a secure location where dogs cannot access them. |
| 1. Feed storage facilities must be dog and vermin proof. |
| 1. Ensure that feed supplies have not been contaminated by dog faecal material. |
| 1. Dogs must be restricted from accessing pasture for cattle grazing and for production of cattle forage. |
| 1. Additional Notes |

**OWNER/MANAGER –** I confirm that the Mandatory Elements are being adhered to.

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

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

Holding Number (CPH) ……………………………………. Post Code ………………………………

**Please refer to Sample Policy, Terms and Conditions and GDPR on our website at** [**www.sruc.ac.uk/vets**](http://www.sruc.ac.uk/vets)

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**VETERINARY SURGEON –** I confirm that the Health Plan for this herd addresses all the items above.

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

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

Holding Number (CPH) ……………………………………. Post Code ………………………………