



Application for Membership of the Bovine Tuberculosis (bTB) Scheme

This form is for use by members of the Premium Cattle Health Scheme who wish to add bTB membership to their existing membership

Name	
Address	
PCHS Membership Number	
Holding Number(s) (CPH)	
If you have more than one herd in the PCHS do you wish all herds to be members of the bTB Scheme	

- I wish to apply for membership of the Premium Cattle Health Scheme's bTB programme
- 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
- For the purposes of this Scheme, I give permission for APHA to supply PCHS with all relevant information concerning bTB testing of my herd for the past 10 years and in the future
- Any such information will be treated as confidential
- I agree to adhere to all CHeCS rules as stipulated in the CHeCS Risk-Level Certification programme for bovine tuberculosis (bTB) document
- I agree to copies of farm status being forwarded to my veterinary surgeon
- I understand that my details and status will be added to the online PCHS membership database (in the public domain)
- You must have a Health Plan in place that includes the biosecurity aspects of the CHeCS bTB program. An annual review of the health plan must be undertaken and a declaration of this, signed off by yourself and your Veterinary Surgeon, submitted.

I authorise PCHS to include details of my stock and my address and telephone number on a database to be used in connection with sale of accredited/accrediting stock. Please note that these details will appear on our website in the public domain. (delete if you do not wish to be included in the database)

Signed: **Date:**
Owner/Manager

Signed: **Date:**
Veterinary Surgeon