



Axiom Cattle Health
Scheme
Application For Membership

Please attach a BCMS
Holding Sticker or
noteCPH
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Herd Owner/Manager Details

Title: _____ Initials: _____ Surname: _____

Vet Practice Details

Practice Name: _____

Address: _____

Postcode: _____ Tel: _____

Email: _____

Farm Details

Farm Name: _____

Address: _____

Town: _____ County: _____

Postcode: _____ Tel: _____

Fax: _____ Email: _____ Contact Address (if different): _____

Herd Details

Dairy Herd Beef Herd UK Herd Number _____

Main Breeds In Herd: _____

Initial Programmes Required

Johne's BVD Lepto IBR IBR Marker Vac

Neospora Please see "Quick reference guide to testing" for numbers/age categories to test for

Please enter the approximate month that you plan to carry out your herd test (tubes, labels and forms will be sent to your vet practice in the preceding month):

Testing Month: _____

Declaration & Authorisation

- I wish to apply for membership of the Axiom Cattle Health Scheme
- I confirm that the details given on this form are, to the best of my knowledge, correct
- I agree to information regarding my herd that is relevant to the disease programmes that it will be participating in, being disclosed by my veterinary surgeon to Axiom Cattle Health Scheme. This information will be treated as confidential
- I have read and agree to adhere to the scheme rules in the CHeCS Technical Document
- I understand that agents of CHeCS may inspect my herd, premises and herd records to ensure compliance with the scheme and that a breach of the scheme rules may result in loss of my herd's status and/or suspension of my membership
- I understand that the rules of the scheme are subject to change by CHeCS
- Axiom Cattle Health Scheme may change their level of charging and have the right to terminate their scheme
- I may withdraw from the scheme at any time, with resultant loss of my herd's status, and there will be no refund of my membership fee
- Axiom Cattle Health Scheme uses BCMS data to produce barcoded labels, showing the animal's ear number, in order to avoid transcription errors and to facilitate sample handling and testing. If you do not wish us to access your BCMS records there may be an additional charge for herd screens where barcode labels have not been used
- I agree to copies of my herd's results being sent to my veterinary surgeon
- To facilitate livestock trade, Axiom Cattle Health Scheme will maintain a publicly available, on-line register of herds showing the herd owner's contact details and main breeds along with their herd's status. If you wish your herd to be shown on this list please tick this box :

Are you planning to have separate accredited and non-accredited herds on the same holding? Yes No

If yes, please provide details as to how this will be managed:

Is there at least a three metre boundary between your cattle and any neighbouring cattle? This is essential for the BVD & IBR accredited free programmes but is not required for Johne's disease, Leptospirosis, Neosporosis or the BVD & IBR vaccinated monitored free programmes

Yes No

Have you submitted any samples to a laboratory in the past year for testing of any of the diseases in the programmes that

you wish to participate? Yes No

If yes, please provide details of the results e.g. copies of lab reports.

Do you vaccinate against any of the following? **BVD IBR Leptospirosis Johne's** - (please circle)

For Johne's, Neospora and bTB only:

A health plan covering control of Johne's disease/Neospora/TB, which has been agreed by the herd's veterinary surgeon, is a requirement of these programmes

Declaration & Authorisation

Additional declarations for membership of the Bovine Tuberculosis (bTB) Scheme:

If you wish to apply for membership of the Bovine Tuberculosis Scheme (bTB) programme please tick here:

For the purposes of this Scheme, I give permission for APHA to supply Axiom Cattle Health Scheme with all relevant information concerning the bTB testing of my herd for the past 10 years and in the future

I agree to adhere to all CHeCS rules for bovine tuberculosis (bTB)

A health plan is in place that includes the biosecurity aspects of the CHeCS bTB program. An annual review of the health plan must be undertaken. A declaration, signed by yourself and your vet, is required as confirmation that this has occurred.

If you wish to have your contact details and herd's TB status shown on the on-line, publicly available, Axiom Cattle Health Scheme membership database please tick this box

If you are unable to follow the CHeCS rules and wish to join the cattle health scheme for herd monitoring and not accreditation purposes please tick here

If you are a current member of another cattle health scheme please indicate the provider of the scheme so that we can obtain your herd records _____

Signature of owner/manager (delete as applicable) _____ Date _____

Signature of vet _____ Date _____

We need to access your herd records in BCMS/CTS in order to produce barcoded tube labels with the animal's UK ear number on them. This saves having to manually record ear numbers, which avoids transcription errors and also makes sample handling within the lab more efficient. We can do this through our software which links to the CTS Webservice. Please provide your CTS Webservice username and password:

Username: _ _ _ - _ _ _ - _ _ _

Password _____

All herds should have been issued with these so if you do not know them please call BCMS on 0345 050 1234 to request them.

If you are unwilling to provide access to your BCMS/CTS herd records an additional admin fee for herd tests (of over 20 animals) is likely to be applied to cover the staff time taken to process non-barcode labelled samples at the lab.

Permission to access herd records

Business Name	
Farm Name	
CPH Number	

PLEASE DELETE IF NOT APPLICABLE:

- I am a member of the _____cattle health scheme and give permission for Axiom Veterinary Laboratories to contact them to obtain a copy of my herd's status and relevant cattle health scheme test results
- I wish to join the Bovine Tuberculosis (bTB) Scheme and give permission for Axiom Veterinary Laboratories to contact APHA to obtain all relevant information relating to the bovine TB testing of my herd for the last ten years and in the future

Signature of owner/manager _____ Date _____

Name (BLOCK CAPITALS) _____