



IML Healthplus+ Herd Health

Independent Milk Laboratories, Shercock Road,
Bailieborough, Co. Cavan, A82 N6K8

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Application for Membership

Section A: Herd Details		
Applicant's Name:	Herd Number:	Herd Designator: 372-
Full Postal Address including Eircode (for correspondence):		
Address which Herd is kept at (if different from correspondence address above):		
Mobile:	Email:	
Herd Type: <input type="checkbox"/> Beef <input type="checkbox"/> Dairy <input type="checkbox"/> Mixed	Animals in Herd: <input type="checkbox"/> Pedigree Only <input type="checkbox"/> Commercial Only <input type="checkbox"/> Pedigree & Commercial	
Are you a member of any pedigree breed Societies: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list any Breed Societies you are a member of:	
Veterinary Practice:	Vet Name:	
Address of Veterinary Practice:		
Veterinary Practice Phone:	Veterinary Practice Email Address:	

Section B: Herd Health Status & Herd Definition
<p>1. Have you submitted any samples to another laboratory in the past year for testing for CheCS diseases? <i>If Yes, please provide details of tests and results for review</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Are all cattle on the holding in the accredited herd?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If not, a description of herd management is required to document how the biosecurity rules of the scheme are met- are the accredited herd managed as a separate entity with separate handling facilities, housing and land etc.?</i></p>
<p>3. Do you operate more than one herd number?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the Herd Number: _____</p> <p>And Address at which additional herd is kept:</p> <p>_____</p> <p><i>If No, Please skip to Section C</i></p>
<p>4. In the case of an additional herd (s), is there any contact, shared grazing, housing or handling facilities or movement of cattle between the herds:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, the additional herds must also apply for IML Healthplus membership.</p>

Section C: Herd Biosecurity	
5. Farm boundaries- is there any contact with non-accredited cattle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you have a boundary of at least 3 metres between your cattle and any neighbouring cattle? <i>A 3m gap is essential for IBR and BVD accredited free programmes but not a requirement for other Diseases)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Quarantine Facilities – Have you livestock isolation facilities available to ensure compliance with CHECS requirements? <i>Suitable facilities are required to allow the isolation of added/ other stock whilst testing is carried out. All added/ returning animals that have had contact with non- accredited cattle must be isolated and tested appropriately.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Feed, bedding and water supplies- what methods are employed to prevent the spread of disease through these sources? <i>N.B. Buying in colostrum from non- accredited sources is not allowed.</i>	
9. Equipment & Visitors- what methods are employed to prevent the spread of disease through these sources? <i>N.B. Disinfection against Johnes requires use of a product suitable for Bovine TB.</i>	

DECLARATION &AUTHORISATION:

- I wish to apply for membership of IML Healthplus.
- I certify that the details given on this form are to the best of my knowledge correct.
- I have read and undertake to comply with all CHECS rules as stipulated in the CHECS technical document available on www.checs.co.uk
- I understand that IML Healthplus representatives may inspect my herd, my premises, my herd records and any information relevant to the scheme in order to verify compliance with scheme rules and that evidence of failure to comply with scheme rules may result in the loss of my herd accreditation status.
- 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 administrators, IML.
- I agree to my herd information being shared with CheCS for auditing purposes.

Name (Please Print): _____

Signed: _____

Date: _____

VETERINARY DECLARATION:

I confirm that we provide veterinary services to the above-named applicant and are willing to support him/her with the IML Healthplus Herd Health scheme. I understand that all samples to be tested for accreditation purposes must be sent to IML.

Name (Please Print): _____

Signed: _____

Date: _____



Please complete and return signed form to:

IML Healthplus, Independent Milk Laboratories, Shercock Road, Bailieborough, Co. Cavan, A82N6K8.