



LEVEL 2 APPLICATION FORM

(Please complete in BLOCK LETTERS)

PLEASE STICK ONE OF YOUR BCMS BARCODE STICKERS HERE *(the ones that are used in your passports)*

Is there more than one herd in the same ownership? Yes _____ No _____

If there is another herd with a different herd and holding number it will be treated as a separate membership.

If one herd is run in more than one group, where stock does not intermingle at grass or housed, one membership will apply but further screen tests will be required.

If you have more than one herd, will they apply for scheme membership? Yes _____ No _____

Is there any contact or movement of cattle between herds described? Yes _____ No _____

Is there any contact or movement of cattle between your herd(s) and any other cattle in different ownership? Yes _____ No _____

Are there double fences with a 3 metre gap between your stock and neighbouring stock, or would you adopt a vaccination policy? 3m Fence _____ Vaccination _____

Do your cattle use any rented grazings or accommodation on other premises? Yes _____ No _____

Which facilities are available for the isolation of purchased stock, reactors etc? (Please give details)

How many animals can be accommodated in these facilities?

Please tick the appropriate box(es) for the diseases you wish to test for:

BVD

JOHNES

IBR

LEPTOSPIROSIS

LEVEL 2 FEES

Annual Level 2 Membership =
£50 + VAT (**£58.75**)

DECLARATION

I wish to apply for Level 2 membership of HI Health Ltd. 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 the rules of the scheme. The rules are printed in the HI Health manual.

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 HI Health Administrator. This information will be treated in confidence.

I understand that HI Health Ltd or their agents may inspect my herd, the premises and the herd records in order to verify compliance with scheme rules, and the evidence of failure to comply may result in the loss of my herd status.

HI Health Ltd may vary the rules of the scheme and the level or method of charging, and shall have the right to terminate the scheme.

I am entitled to withdraw from the scheme at any time but, if I do, no part of my fees will be refunded.

I enclose the sum of £ _____
(This should be £58.75).

Signature _____

Status (owner, manager etc) _____ Date _____

Please return completed forms along with payment to:

**HI Health Ltd
Unit 5
Orkney Auction Mart
KIRKWALL
Orkney
KW15 1FL**