

BORDER DISEASE ACCREDITED*/MONITORED FREE* SCHEME

(*delete as applicable)

OWNER'S DETAILS

Owner.....

Address.....

Address.....

County..... Postcode.....

E-mail address..... Tel. no.....

CPH number _ _ / _ _ / _ _ _ _ UK Flock number.....

Breeds in scheme.....

VET PRACTICE DETAILS (or use practice stamp)

Practice name.....

Address.....

Address.....

Town.....

County.....

Postcode..... Tel. no. Sampling

No. of ewes in flock		No. of rams in flock	
No. of fields/groups with lambs		No. of fields/groups sampled	
No. homebred yearlings sampled (only required for year 1 fast track option)		No. of sheep to be tested for virus (e.g. rams not used that season, quarantine screen)	
Date sampled		For the accreditation scheme there must be a minimum 2m gap at all points between adjacent flocks	YES /NO

Flock owner/manager declaration:

I confirm that I am abiding by the rules of the Border disease Accredited*/Monitored Free* Scheme

I acknowledge that after the first clear test any sheep to be added to the flock must be Border disease Accredited or have a negative Border disease **virus** test before being added. (For Monitored-Free flocks sheep can also be added from other Monitored-Free flocks providing they are not in-lamb or ewes with young lambs at foot)

Signature Date.....

Veterinary Surgeon declaration:

I have inspected the flock's movement records. I have explained the rules of the scheme and to the best of my knowledge the flock is complying with the rules of the Border disease Accredited*/Monitored Free* Scheme

SignatureMRCVS Date.....



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