



Veterinary Sciences Division

AFBI Cattle Health Scheme

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FOR VSD USE ONLY

Date Received:

Initials:

Johne's Disease Accreditation Programme Health Plan

Form with fields: Case Vet, HERD No, Vet Practice Address, Client's Name and Address, Tel, Fax, Postcode, Enterprise No.

Please complete and submit within two months of carrying out an initial herd test in the first year of joining the accreditation programme. In subsequent years, please submit with the herd test.

The first 3 points are mandatory control elements to the Accreditation Programme. Failure to adhere to these will result in immediate loss of status and the herd will be categorised as level 5. Points 4 – 9 are advisory measures which should be adhered to wherever possible. Please see the Johne's disease Accreditation Programme guidance notes for further information.

Table with 3 columns: Question, Yes, No. Contains 6 rows of accreditation criteria related to seropositive animals, reactors, calves, faecal contamination, feed/water systems, and water provision.

7. With the exception of herds in extensive grazing management systems, are ponds and any other natural water sources fenced off?		
8. With the exception of herds in extensive hill grazing systems, are procedures in place to ensure that cattle do not co-graze with other ruminants?		
9. In addition to the mandatory requirement of box 3, are procedures in place to identify the last TWO calves born to reactors as high risk and if still present in the herd that they are not retained for breeding or sold as breeding animals?		

If the answer was **No** to any of the questions 1-9 please give further details in the box below:

DECLARATION BY OWNER

I confirm that this information is correct and a health plan is in place to cover the control of Johne’s disease in my herd.

Signed: _____ Owner/Manager Date _____

Name (block letters) _____

DECLARATION BY VETERINARY SURGEON

I confirm that I have read the guidance notes for the Johne’s disease accreditation programme health plan and have discussed this with my client. To the best of my knowledge, the information on this health plan is correct.

Signed _____ MRCVS Date _____

Name (block letters) _____