



# Limo- Leader 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:		Contact Person:
Full Postal Address (for correspondence):		
Address which Herd is kept at (if different from correspondence address above):		
Phone:	Mobile:	Email:
Herd Number:	Herd Identifier: IE	Herd Designator: 372
Veterinary Practice:		Vet Name:
Address of Veterinary Practice:		
Veterinary Practice Phone:		Veterinary Practice Email Address:

### Section B: Herd Health Status & Herd Definition

1. Have you submitted any samples to another laboratory in the past year for testing for CHECS diseases?

*If Yes, please provide details of tests and results for review*

Yes  No

2. Are all cattle on the holding in the accredited herd?

Yes  No

*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.?*

3. Do you operate more than one herd number?

Yes  No If yes, please state the Herd Number: \_\_\_\_\_

And Address at which additional herd is kept:

\_\_\_\_\_

*If No, Please skip to Section C*

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:

Yes  No

If yes, the additional herds must also apply for Limo Leader membership.

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 CHcS 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 the Limo Leader Herd Health scheme which is operated by Independent Milk Laboratories (IML).
- 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 CHcS rules as stipulated in the CHcS technical document.
- I understand that Limo Leader 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 copies of all reports being sent to my veterinary surgeon and and to the transferred of Disease testing results to the national database of the Irish Cattle Breeding Federation (ICBF).
- 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 Limo Leader Herd Health scheme:

Name (Please Print): \_\_\_\_\_

Signed: \_\_\_\_\_

Date \_\_\_\_\_



**Please complete and return form to: Limo Leader Scheme, IML, Shercock Road, Bailieborough, Co. Cavan.**