



Date Received:

Initials:

Johne's Disease Accreditation Programme Health Plan

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. Please then update the Johnes Health Plan on an annual basis, ensuring it is signed off by the herd's Veterinary Surgeon and by the herd owner/manager. The health plan **MUST** be made available to us on request.

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.

	Yes	No
1. Have all seropositive animals been isolated from young calves, test negative animals and animals intended for breeding until follow up testing is completed?		
2. Have all confirmed reactors been removed from the herd as soon as is practical? (Cows in late pregnancy or rearing calves may be retained until the calf can be weaned, provided they are kept separately from other breeding animals or animals intended for breeding and must not graze pasture that will be grazed by breeding animals or animals intended for breeding in the next 12 months. Their dung must be kept away from other cattle).		
3. All calves reared by cows since the time they were recognised as reactors must not be retained for breeding or sold as a breeding animal. Is this the case?		
4. Are procedures in place to reduce the amount of faecal contamination that stock are exposed to? (Cows kept clean pre-calving, calving and post calving, and rearing areas kept as clean as is practical using slurry and manure management systems which minimise young stock exposure to adult faecal material).		
5. Are procedures in place to keep all feed and water delivery systems as free from faecal contamination as possible?		

6. With the exception of herds in extensive grazing management systems, is water provision at grass via a mains water supply?		
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) _____