



QMS Assurance Scheme

Cattle & Sheep

LIVESTOCK HEALTH PLAN

DECLARATION- Farm owner/manager

Membership No: _____

I, the undersigned, confirm that I have completed the above plan and in doing so take overall responsibility for attempting to identify actual and risks of disease, prevent them where possible and manage them where they cannot be prevented.

Plan completed by: _____ Signed: _____ Date: _____ Next review date: _____

Plan reviewed by: _____ Signed: _____ Position: _____ Date: _____

LIVESTOCK DISEASE MANAGEMENT SCHEDULE

Existing stock- diseases encountered (consider those livestock diseases which have been/are common on your farm)

Type of stock	Symptoms	Diagnosis	Preventative measures	Treatment/ Management measures

New stock- management of disease risk (consider those livestock diseases which may be introduced to your farm by 'new' animals)

Type of stock	Disease risk	Preventative measures	Treatment/ Management measures

