



MAINE STATE CATTLE HEALTH ASSURANCE PROGRAM (MeCHAP) APPLICATION

The Maine State Cattle Health Assurance Program is an integrated herd management approach to the detection, control and eradication of diseases within the herd. The program is built around a flexible core composed of management procedures, informed culling decisions and diagnostic surveillance.

The parties of this agreement are:

Herd Owner _____ Farm Name _____

Mailing Address _____

_____ Zip _____

Location: TOWN _____ COUNTY _____

Phone number _____ E mail address _____

(List all ownership and family names associated with the farm operation) _____

hereafter referred to as the Herd Owner, AND

Herd Veterinarian _____

Representing (veterinary practice/clinic) _____

Address _____

Phone Number: _____ E mail _____

Veterinary License # _____ hereafter referred to as the Herd Veterinarian, AND

The State of Maine, Department of Agriculture, Food & Rural Resources Division of Animal Health, 28 State House Station, Augusta, Maine, 04330, hereafter referred to as the Department.

The parties agree to cooperate in a program to control diseases in this herd of cattle located at:

Premise ID _____ Location _____

- Checklist:** Unique Animal Identification Herd Health Record System
- Risk Assessment and Herd Plan complete and signed by veterinarian and owner

The parties agree as follows:

- A. The *herd owner* agrees to:
 - In conjunction with the herd veterinarian, establish a written herd plan designed and tailored to control diseases on the farm. The herd plan should be developed using tenets of the best management practices as a guideline.
 - Implement herd plan as developed.
 - Notify herd veterinarian of problems and adjust herd plan as necessary.
 - Participate in an annual review with the herd veterinarian and a state or diagnostic laboratory veterinarian to demonstrate implementation of the herd plan.

- B. The *herd veterinarian* agrees to:
 - Establish, in cooperation with the producer, the herd plan tailored to reduce or eliminate disease on the particular farm. Utilize the “Best Management Practices” as a template for the establishment of the herd plan.
 - Collect and submit diagnostic samples described in the herd plan or as needed.
 - Monitor the progress made towards implementation of the herd plan on an annual basis and amend as necessary.

- C. The *Department of Agriculture’s Division of Animal Health & Industry* and the Federal Diagnostic Laboratory agree to:
 - Provide information about diseases and methods of control to the herd owner and the herd veterinarian.
 - Assist with the interpretation of diagnostic test results.
 - Meet with the herd owner annually to assess implementation of the herd plan and to revise and update the herd plan.

- D. *All parties* understand and agree that:
 - Prerequisites for entering into this agreement have been met and checklist with documentation is attached to this agreement.
 - There will be no compensation or money paid to the Herd Owner for removal of cattle that are clinical cases and/or are test positive by serology or culture for infection.
 - The department shall have no liability for damages, losses or injuries incidental to or arising out of handling or use of the vaccine on the animals or other work performed under this agreement.

Cancellation of agreement:

1. Herd owner may cancel at any time for any reason.
2. Herd Veterinarians may cancel at any time for any reason but the Herd Owner may apply for a new agreement.
3. The Department may cancel at any time if the owner fails to comply with the herd plan.

Confidentiality

The Herd owner hereby requests that records relating to the testing of the herd for livestock diseases, including Johne’s Disease, be designated as confidential in accordance with 7 M.R. S. A. § 20. Herd owner understands that, in order for the records to be kept confidential, the Department must determine that failure to designate the information as confidential would provide competitors with an opportunity to obtain business or competitive advantage over me or would result in loss or other significant detriment to me.

This agreement is not effective until signed by all of the parties.

Herd Owner _____ Date _____

Herd Veterinarian _____ Date _____

MeCHAP/State Veterinarian _____ Date _____