



# OFFICIAL SALE HERD HEALTH DECLARATION



One form per herd to be completed

TB TESTING DETAILS	
DATE HERD LAST TESTED CLEAR:	TESTING INTERVAL: <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 4 YEARS

HEALTH SCHEME MEMBER YES / NO
PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF <input type="checkbox"/> SAC Premium Cattle Health Scheme <input type="checkbox"/> Hi Health Herdcare (Biobest) <input type="checkbox"/> AFBI Cattle Health Scheme <input type="checkbox"/> Other (please name) .....
TICK WHICH DISEASES APPLY: <input type="checkbox"/> JOHNES <input type="checkbox"/> BVD <input type="checkbox"/> IBR <input type="checkbox"/> LEPTO

ALL VENDORS MUST COMPLETE THE FOLLOWING				
	Accredited free (CHeCS members only)	Herd Testing	Individual Test	Vaccination of Sale Animals Only
<b>BVD</b> <small>This section is compulsory for pedigree registered cattle</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	Sale Animal Blood Tested Antigen Negative  <input type="checkbox"/> Yes	<input type="checkbox"/> Yes Vaccine – Bovidec/Bovilis/Bovela (delete as applicable)  Date of Vaccination:
<b>IBR</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes    If Yes, name of Vaccine: <input type="checkbox"/> No  Date of Vaccination:
<b>LEPTO</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes    If Yes, name of Vaccine: <input type="checkbox"/> No  Date of Vaccination:
<b>JOHNES</b>	<b>Risk Level (Consult your health scheme)</b> Risk Level 1 <input type="checkbox"/> Accredited Risk Level 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> Risk Level 4 <input type="checkbox"/> Risk Level 5 <input type="checkbox"/>	Number of Consecutive Years Monitored Clear  (Consult your Health Scheme) <input style="width: 40px; height: 20px;" type="text"/> Years	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>VENDOR DECLARATION:</b> I certify that the above information is correct at date of entry. The animal/s have been individually screened for BVD virus, to identify PI's (only applicable if not BVD Accredited). <b>I attach a copy of veterinary certificate results.</b> <b>All sale animals entered are BVD vaccinated.</b>
Signed: _____ Name: _____ Date: _____

The Belted Galloway Cattle Society reserves the right to contact the CHeCS scheme of which you are a member to check the accuracy of the information provided.