



# OFFICIAL SALE HERD HEALTH DECLARATION



One form per HERD to be completed

## TB TESTING DETAILS -

PLEASE PROVIDE THE DATE YOUR HERD LAST TESTED CLEAR: .....

PLEASE PROVIDE YOUR TB TESTING INTERBAL ie 4 Year .....

Has the animal been moved off farm for example for showing purposes since 18<sup>th</sup> May 2024? Yes/No

If Yes has this been to a TB 1 or TB 2 area? Yes/No

Please note that in line with Scottish Government legislation, all animals entered from a TB1 or TB2 area will require a pre-movement TB test within 30 days prior to the movement to Scotland. This also applies to any animal that has been in a TB1 or TB2 area (ie gone to a show) since the 18<sup>th</sup> May 2024. Post movement requirements are still between 60 and 120 days.

Date of TB test:

Proof of TB test results:

\*\*\*Please note that animals travelling from a TB4 region will NOT be required to pre sale test unless there has been a movement to a lesser TB area since 18<sup>th</sup> May 2024\*\*\*

## HEALTH SCHEME MEMBER YES / NO

PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF

- SAC Premium Cattle Health Scheme
- Hi Health Herdcare (Biobest)
- AFBI Cattle Health Scheme
- Other (please name) .....

TICK WHICH DISEASES APPLY:  JOHNES  BVD  IBR  LEPTO

## ALL VENDORS MUST COMPLETE THE FOLLOWING

	Accredited free (CHeCS members only)	Herd Testing	Individual Test	Vaccination of Sale Animals Only
<b>BVD</b> <i>This is compulsory for pedigree cattle</i>	<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 type="text"/> Years	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**VENDOR DECLARATION:**

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).

**I attach a copy of veterinary certificate results.**

**All sale animals entered are BVD vaccinated.**

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.