 **OFFICIAL SALE HERD HEALTH DECLARATION**

One form per HERD to be completed

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| 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 | |
| BVD **This is compulsory for pedigree cattle** | □ Yes  □ No  if yes, since: | □ Yes  □ No  If yes, since: | Sale Animal Blood Tested Antigen Negative    □ Yes | □ Yes  Vaccine – Bovidec/Bovilis/Bovela  (delete as applicable)  Date of Vaccination: | |
| IBR | □ Yes  □ No  if yes, since: | □ Yes  □ No  if yes, since: | □ Yes  □ No | □ Yes If Yes, name of Vaccine:  □ No  Date of Vaccination: | |
| LEPTO | □ Yes  □ No  if yes, since: | □ Yes  □ No  if yes, since: | □ Yes  □ No | □ Yes If Yes, name of Vaccine:  □ No  Date of Vaccination: | |
| JOHNES | Risk Level **(Consult your health scheme)**  Risk Level 1 □ Accredited  Risk Level 2 □  Risk Level 3 □  Risk Level 4 □  Risk Level 5 □ | Number of Consecutive Years Monitored Clear  (Consult your Health Scheme)  Years | □ Yes  □ No |  | |

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| 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.