 **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□ Noif yes, since:  | □ Yes□ NoIf yes, since: | Sale Animal Blood Tested Antigen Negative □ Yes | □ Yes Vaccine – Bovidec/Bovilis/Bovela(delete as applicable)Date of Vaccination: |
| IBR | □ Yes□ Noif yes, since: | □ Yes□ Noif yes, since: | □ Yes□ No | □ Yes If Yes, name of Vaccine: □ NoDate of Vaccination: |
| LEPTO | □ Yes□ Noif yes, since: | □ Yes□ Noif yes, since: | □ Yes□ No | □ Yes If Yes, name of Vaccine: □ NoDate of Vaccination: |
| JOHNES | Risk Level**(Consult your health scheme)**Risk Level 1 □ AccreditedRisk 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.