OFFICIAL SALE HERD HEALTH DECLARATION

One form per HERD MUST 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 18th May 2023? 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 18th 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 18th May 2023*****

HEALTH SCHEME MEMBER YES / NO

PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF

□ SAC Premium Cattle Health Scheme
□ AFBI Cattle Health Scheme
□ Hi Health Herdcare (Biobest)
□ 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	

P.T.O

BLUE TONGUE				**□ Yes** **Vaccine – Bultavo3** **Bluevac-3 or Syvazul BTV3** **(delete as applicable)** **Dates of Vaccination:**

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.