



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 2023. 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

☐ 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 – Bovidex/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	

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