



OFFICIAL SALE HERD HEALTH DECLARATION



One form per HERD to be completed

HEALTH SCHEME MEMBER YES / NO				
PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF				
<input type="checkbox"/> SAC Premium Cattle Health Scheme		<input type="checkbox"/> Hi Health Herdcare (Biobest)		
<input type="checkbox"/> AFBI Cattle Health Scheme		<input type="checkbox"/> Other (please name)		
TICK WHICH DISEASES APPLY: <input type="checkbox"/> JOHNES <input type="checkbox"/> BVD <input type="checkbox"/> IBR <input type="checkbox"/> LEPTO				
ALL VENDORS MUST COMPLETE THE FOLLOWING				
	Accredited free (CHeCS members only)	Herd Testing	Individual Test	Vaccination of Sale Animals Only
BVD <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 – Bovidex/Bovilis/Bovela (delete as applicable) Date of Vaccination:
IBR	<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:
LEPTO	<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:
JOHNES	Risk Level (Consult your health scheme) 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.