



## Aberdeen-Angus Herd Health Declaration

Membership number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Sale Date: \_\_\_\_\_

### CHeCS Health Scheme Membership

SAC Premium Cattle Health Scheme

HiHealth Herdcare (Biobest)

AFBI Cattle Health Scheme

Herdsure (VLA)

Other (please list) \_\_\_\_\_

### PLEASE COMPLETE

		Accredited Free	Herd Testing	Vaccination (of sale animals)	Date(s) of Vaccination(s)
BVD	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
IBR	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Lepto	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Johne's	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Johne's Risk Level** \_\_\_\_\_  
(1-5)

TB Date Last tested Clear \_\_\_\_\_ Testing Interval

1 Year  2 Years

*Please tick*

3 Years  4 Years

**Vendor Declaration:** I allow the Aberdeen-Angus Cattle Society to verify the details above with my CHeCS Health Scheme Provider.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer:** The information above is supplied by the vendor and the Aberdeen-Angus Cattle Society is not responsible for the accuracy of the information contained herein.