



OFFICIAL SALE HERD HEALTH DECLARATION



TB TESTING DETAILS

DATE HERD LAST TESTED CLEAR:	TESTING INTERVAL: <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 4 YEARS
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HEALTH SCHEME MEMBER YES / NO

PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF

SAC Premium Cattle Health Scheme Biobest Herdcare Hi Health NML Herdwise
 NWL Advance 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	<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 - Bovidec/Bovilis (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	<input type="checkbox"/> Yes If Yes, name of Vaccine: <input type="checkbox"/> No Date 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.