

## BRITISH BLONDE CATTLE SOCIETY OFFICIAL SALE HERD HEALTH DECLARATION



| SALE LOCATION:   |                               |  |   |                                     |              |  |                   | DATE:  |   |                     |  |  |
|--|-------------------------------|--|---|-------------------------------------|--------------|--|-------------------|--|---|---------------------|--|--|
| HOLDII   | NG NUMBER                     |  |   |                                     |              |  |                   |  |   |                     |  |  |
| HERD PREFIX:   |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| NAME:  |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| ADDRESS:   |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
|  |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| BOVINE TB  |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| DATE HERD LAST TESTED CLEAR:   |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| TESTING INTERVAL (please tick):  |                               |  |   | 6 Month                             |              |  |                   | 3 Year   |   |                     |  |  |
| If TB Exempt you must include a copy   |                               |  |   | 1 Year<br>2 Year                    |              |  |                   | 4 Year<br>Exempt   |   |                     |  |  |
| of your APHA Letter to confirm this.   |                               |  | s.  | 6 Months                            |              |  |                   | 3 Year   |   |                     |  |  |
| CHECS HEALTH SCHEME MEMBERSHIP  Please tick and add Membership No.                         |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| Hi Health Herdcare Cattle Health Scheme (Hi Health Ltd, Biobest Herdcare etc.)             |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| Premium Cattle Health Scheme (PCHS, SRUC, SAC)   |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| AFBI Cattle Health Scheme  |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| Herdsure (VLA)   |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| Not in a Health Scheme   |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| Other (please specify):  |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
| ALL VENDORS, WHETHER IN CHeCS SCHEMES OR PRIVATELY TESTING, SHOULD COMPLETE THE FOLLOWING: |                               |  |   |                                     |              |  |                   |  |   |                     |  |  |
|  | ACCREDITED                    | MONITORED  |   |                                     |              |  |                   |  | E VAC                                       | CINE CIVEN          |  |  |
| FREE HERD  |                               | FREE HERD TESTING  |   | SALE ANIMAL/S<br>TESTED             |              | OF SALE  |                   | NAME OF VACCINE GIVEN & DATE(S) OF VACCINATION   |   |                     |  |  |
|  | (CHeCS MEN                    | MBERS ONLY)  |   | NEGATI                              | IVE FOR      | ANIMA  | LS                |  |   |                     |  |  |
| BVD  | YES:                          | YES:   | YES:  |                                     |              |  |                   |  |   | is compulsory if    |  |  |
|  |                               | ILJ.   | YES:  | YES:                                |              | Please tid<br>indicate if v  |                   | _  |   | ited Free'          |  |  |
|  |                               | 123.   | YES:  | YES:                                |              | indicate if w<br>used w  | accine            | _  |   | ited Free'          |  |  |
|  | NO:                           | NO:  | YES:  | YES:                                |              | indicate if v  | accine            | not 'A   | Accred<br>—                                 | ited Free'          |  |  |
|  | NO:                           |  |   | l<br>I                              |              | indicate if w<br>used w  | accine            | not 'A' Vaccine used:  | Accred<br>—<br>te:                          |                     |  |  |
|  |                               | NO:  | NO:   | NO:                                 |              | indicate if w<br>used w<br>Single:   | vaccine<br>vas    | not 'A' Vaccine used: Vaccine 1st Dat  | Accred<br>—<br>te:                          |                     |  |  |
|  | NO: YES:                      |  |   | l<br>I                              |              | indicate if we used we single:  Double:  Please tick indicate if we used we  | ck to             | not 'A  Vaccine used:  Vaccine 1st Dat  Vaccine 2nd Da   | Accred  te: te:                             |                     |  |  |
| IBR  |                               | NO:  | NO:   | NO:                                 |              | indicate if we used we Single:  Double:  Please tick indicate if we we used to be a second to be | ck to             | not 'A  Vaccine used:  Vaccine 2 <sup>nd</sup> Da  Vaccine used:  Vaccine 1 <sup>st</sup> Dat  Vaccine used:  Vaccine 2 <sup>nd</sup> Da   | te: te: te:                                 |                     |  |  |
| IBR  | YES:                          | NO: YES:   | NO: YES:  | NO:                                 |              | indicate if we used we single:  Double:  Please tick indicate if we used we  | ck to             | not 'A  Vaccine used:  Vaccine 2 <sup>nd</sup> Da  Vaccine used:  Vaccine 1 <sup>st</sup> Dat  Vaccine used:  Vaccine 2 <sup>nd</sup> Da   | te: te: te: te:                             |                     |  |  |
| IBR  | YES: NO:                      | NO: TES: NO: NO: NO: NO: NO: NO: NO: NO: NO: NO  | NO: YES: NO:                                    | NO:                                 |              | indicate if volume with a second with a seco | ck to ck to       | not 'A  Vaccine used:  Vaccine 2 <sup>nd</sup> Da  Vaccine used:  Vaccine 1 <sup>st</sup> Dat  Vaccine 2 <sup>nd</sup> Da  Specify whether   | te: te: te: te:                             | Marker Vaccine:     |  |  |
|  | YES:                          | NO: YES:   | NO: YES:  | NO:                                 |              | indicate if v<br>used w<br>Single:<br>Double:<br>Please tic<br>indicate if v<br>used w<br>Single:<br>Double:   | ck to raccine     | not 'A Vaccine used: Vaccine 2 <sup>nd</sup> Da Vaccine used: Vaccine 1 <sup>st</sup> Dat Vaccine 1 <sup>st</sup> Dat Vaccine 2 <sup>nd</sup> Da Specify whether Yes:  Vaccine used: | te: te: te: te:                             | Marker Vaccine:     |  |  |
| IBR  | YES: NO:                      | NO: TES: NO: NO: NO: NO: NO: NO: NO: NO: NO: NO  | NO: YES: NO:                                    | NO: YES: YES:                       |              | indicate if voused we single:  Double:  Please tick indicate if voused we single:  Double:  Please tick indicate if voused we single:  | ck to raccine     | not 'A Vaccine used: Vaccine 2nd Da Vaccine used: Vaccine 1st Dat Vaccine 2nd Da Vaccine 2nd Da Specify whethe Yes:  Vaccine used: Vaccine used: Vaccine 1st Dat                     | te: te: te: te: te: te: te: te:             | Marker Vaccine:     |  |  |
| LEPTO  | YES: NO: NO: NO:              | NO: The second of the second o | NO: TES: TES: TES: TES: TES: TES: TES: TES      | NO: YES: NO:                        |              | indicate if we used we Single:  Please tidindicate if we used we Single:  Double:  Please tidindicate if we used we single:  Double:   | ck to raccine     | not 'A Vaccine used: Vaccine 2 <sup>nd</sup> Da Vaccine used: Vaccine 1 <sup>st</sup> Dat Vaccine 1 <sup>st</sup> Dat Vaccine 2 <sup>nd</sup> Da Specify whether Yes:  Vaccine used: | te: te: te: te: te: te: te: te:             | Marker Vaccine:     |  |  |
| LEPTO  | YES: YES:                     | NO: The second of the second o | NO: TES: TES: TES: TES: TES: TES: TES: TES      | NO: YES: YES:                       | Level 3:     | indicate if we used we Single:  Please the indicate if we used we Single:  Double:  Please tick indicate if we used we single:  Double:  Please tick indicate if we used we single: Double:  | ck to raccine     | not 'A Vaccine used: Vaccine 2nd Da Vaccine used: Vaccine 1st Dat Vaccine 2nd Da Vaccine 2nd Da Specify whethe Yes:  Vaccine used: Vaccine used: Vaccine 1st Dat                     | te: | Marker Vaccine:     |  |  |
| LEPTO  | YES: NO: YES: NO: RISK LEVEL: | NO: TES: NO: NO: NO: NO: NO: NO: NO: NO: NO: NO  | NO: TES: NO: NO: NO: NO: NO: NO: NO: NO: NO: NO | NO: YES: YES:                       | Level 3:     | indicate if we used we Single:  Please the indicate if we used we Single:  Double:  Please tick indicate if we used we single:  Double:  Please tick indicate if we used we single: Double:  | ck to raccine ras | not 'A  Vaccine used:  Vaccine 2nd Da  Vaccine used:  Vaccine 1st Dat  Vaccine 2nd Da  Specify whether  Yes:  Vaccine used:  Vaccine used:  Vaccine 2nd Da  Specify whether  Yes:    | te: | Marker Vaccine:     |  |  |
| JOHNES Addition  | YES: NO: YES: NO: RISK LEVEL: | NO: TES: NO: Level 1: Tertify that the a   | NO: YES: NO: Level 2:                           | NO:  YES:  NO:  YES:  On is correct | t as at date | indicate if volume with the second with the se | ck to raccine ras | not 'A Vaccine used: Vaccine 2nd Da Vaccine used: Vaccine 1st Dat Vaccine 1st Dat Vaccine 2nd Da Specify whether Yes:  Vaccine used: Vaccine used: Vaccine 2nd Da Level 5            | te: te: te: te: te: te: te: te: te:         | Warker Vaccine: No: |  |  |



## British Blonde Cattle Society Sales Herd Health Entry Requirements

- ✓ Herds selling at Society Sales have to be members of a CHeCS approved Herd Health Scheme through either Biobest Herdcare, SAC Premium Cattle Health Scheme, HI Health, Advance Cattle Health Scheme, NML Herdwise or the AFBI Cattle Health Scheme. The Society does not require your whole herd to be tested, just the animals you have entered for sale.
- ✓ All animals male and female, including calves at foot, presented at Society Sales be EITHER from a BVD Accredited Herd within a CHeCS approved Herd Health Scheme OR to have been BVD tested virus free.

Any animals testing positive for the BVD virus cannot be entered and presented for sale.

If you have used the tissue tags to sample test for BVD and the animal is not a PI, then you don't need to test again.

All animals that do not meet the above requirements cannot be presented for sale.

- ✓ A copy of all Vet certificates for each of the above tests must be available to the Society
  on request.
- ✓ All vendors give the Society/Auctioneers the right to verify all health data supplied with the vendors Health Scheme provider.
- ✓ The Society reserves the right to conduct random blood tests on any animal entered for sale, for illicit substances.