



# THE BRITISH CHAROLAIS CATTLE SOCIETY LTD OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING LETTERS: \_\_\_\_\_ HERD PREFIX \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SALE DATE: \_\_\_\_\_

<b>TB</b>	
<b>DATE HERD LAST TESTED CLEAR:</b>	<b>TESTING INTERVAL</b> <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 4 Years

**HEALTH SCHEME.** ARE YOU A MEMBER OF A CHeCS CONTROLLED HEALTH SCHEME  Yes  No  
 IF YES, TICK ONE  SAC Premium Cattle Health Scheme  HI Health Herdcare  NML Herdwise  
 Biobest Herdcare  AFBI Cattle Health Scheme  Herdsure  
 IF YES, TICK WHICH DISEASES APPLY  JOHNES  BVD  IBR  LEPTO

<b>ALL VENDORS, WHETHER IN CHeCS SCHEMES OR PRIVATELY TESTING, SHOULD COMPLETE THE FOLLOWING:</b>			
	<b>Accredited free (CHeCS members only)</b>	<b>Herd Testing</b>	<b>Vaccination</b>
<b>BVD</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	Dates of compulsory Vaccination: <input type="checkbox"/> Male <input type="text"/> <input type="text"/> <input type="checkbox"/> Female <input type="text"/> <input type="text"/>
<b>IBR</b>	<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"/> Male If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine:
<b>LEPTO</b>	<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"/> Male If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine:
<b>JOHNES</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Controlled <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"/> Male If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine:

<b>BTV Vaccination information</b>
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**Declaration:**  
I certify that the above information is correct as at date of entry

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

**The British Charolais Cattle Society Ltd, Avenue M, Stoneleigh Park, Kenilworth, Warwickshire CV8 2RG Tel: 02476 697222**

Disclaimer: The health information above is a supplied by, or on behalf of the breeder.  
The responsibility for the accuracy of the information rests solely with the breeder and not with the British Charolais Cattle Society Ltd  
The British Charolais Cattle Society reserves the right to contact the CHeCS scheme of which you are a member to check the accuracy of the information provided.