THE GALLOWAY CATTLE SOCIETY OF GB AND IRELAND

NAME:……

ADDDRESS: ……

TEL NO: …….. SALE DATE: ……..

HOLDING LETTER: …… HERD NAME…….

BOVINE TB	
DATE HERD LAST TESTED CLEAR:	TESTING INTERVAL: ☐ 1YEAR ☐ 3YEARS ☐ 2YEARS ☐ 4 YEARS

HEALTH SCHEME
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

	Accredited free (CHeCS members only)	**Herd Testing**	**Vaccination of Sale Animals Only**
BVD	☐ Yes ☐ No if yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes Vaccine – Bovidec/Bovilis (delete as applicable)
IBR	☐ Yes ☐ No if yes, since:	☐ Yes ☐ No if yes, since:	☐ Yes If Yes, name of Vaccine: ☐ No
LEPTO	☐ Yes ☐ No if yes, since:	☐ Yes ☐ No if yes, since:	☐ Yes If Yes, name of Vaccine: ☐ No
JOHNES	**Risk Level (Consult your health scheme)** Risk Level 1 ☐ Accredited Risk Level 2 ☐ Risk Level 3 ☐ Risk Level 4 ☐ Risk Level 5 ☐	Number of Consecutive Years Monitored Clear (Consult your Health Scheme) ☐ Years	☐ Yes If Yes, name of Vaccine: ☐ 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.

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I allow the Breed Society/Auctioneer to verify the details above with my CHeCHS Health Scheme Provider if applicable:

Signed: _____ Name: _____ Date:_____

Disclaimer: The above information is supplied by the vendor and the Auctioneer/Breed Society is not responsible for the accuracy of this information

NB: HI-HEALTH MEMBERSHIP IS NOT COMPUSORY, IT YOU ARE A MEMBER OF SUCH A SCHEME WE WOULD APPRECIATE IF YOU WOULD COMPLETE THIS FORM TO ENABLE FOOTNOTES IN THE CATALOGUE TO BE STANDERISED AND INFORM PURCHASERS.

The Galloway Cattle Society of GB and Ireland, 15 New Market Street, Castle Douglas, DG7 1HY