THE HEREFORD CATTLE SOCIETY
OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING LETTERS: _____ HERD PREFIX: _____

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

SALE DATE: _____

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

HEALTH SCHEME

PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF:

☐ SAC Premium Cattle Health Scheme ☐ Hi Health Herdcare (Biobest) ☐ AHVLA Herdsure ☐ 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	Vaccintion of Sale Animals only	
BVD	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes Bovidec/Bovilis	Vaccine – (Delete as applicable)
IBR	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No	If yes, name of Vaccine:
LEPTO	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No	If yes, name of Vaccine
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 ☐ No	If yes, name of Vaccine

VENDOR DECLARATION

I certify that the above information is correct at date of entry.
I also confirm that I allow the Hereford Cattle Society or an Agent authorised by them to verify the details above with my CHeCS Health Scheme Provider, if applicable.

Signed: _____ Name: _____Date:_____

The Hereford Cattle Society, Hereford House, 3 Offa Street, Hereford, HR1 2LL
Tel: 01432 272057 Fax: 01432 377529

Disclaimer: The above information is supplied by the Vendor, and therefore the Breed Society and Auctioneer are not responsible for the accuracy of this information.