



**THE BRITISH CHAROLAIS CATTLE SOCIETY LTD
HERD/SALE HEALTH DECLARATION**



SALE/SALE DATE			
UK HOLDING NUMBER		HERD PREFIX	
NAME			
ADDRESS			

TB DATE HERD LAST TESTED CLEAR		
TESTING INTERVAL (please tick)	<input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year	<input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year <input type="checkbox"/> Exempt
If TB Exempt you must include a copy of your APHA Letter to confirm this.		

CHeCS Health Scheme Membership (please tick)				
Premium Cattle Health Scheme (PCHS, SRUC, SAC)	Hi Health Herdcare Cattle Health Scheme (Hi Health Ltd, Biobest Herdcare)	AFBI Cattle Health Scheme	Herdsure (VLA)	Not in a Health Scheme
Other (please specify)				

PLEASE COMPLETE	ACCREDITED FREE	MONITORED FREE	HERD TESTING	VACCINATION OF SALE ANIMALS	DATE(S) OF VACCINATION
BVD				Compulsory (please tick) Indicate if Single or Double	Vaccine 1 st Date: Vaccine 2 nd Date: Vaccine used: If not 'Accredited Free' BVD Antigen Test is Compulsory BVD Antigen Test Date:
IBR				Optional (please tick) Indicate if Single or Double	Vaccine 1 st Date: Vaccine 2 nd Date: Vaccine used: Specify whether IBR Marker Vaccine: Yes or No
LEPTO				Optional (please tick) Indicate if Single or Double	Vaccine 1 st Date: Vaccine 2 nd Date: Vaccine used:
JOHNES RISK LEVEL (1-5)	If you are part of a CHeCS health scheme you must specify a Johnes Risk Level a level of 1-5 if you are not testing your level should be indicated as 5.				

Vendor Declaration:
 I certify that the above information is correct as at date of entry and permit the BCCS to verify the details with the relevant CHeCS Health Scheme. The responsibility for the accuracy of the information rests solely with the breeder and not with the British Charolais Cattle Society Ltd.

Name:		Signed:		Date:	
-------	--	---------	--	-------	--