



# HIGH HEALTH BREEDING SALE ENTRY FORM

**FRIDAY 14<sup>TH</sup> MAY 2021**  
(entries close Monday 3<sup>rd</sup> May)

<b>Name of Vendor</b>	
<b>Address</b>	
<b>Post Code</b>	<b>Email -</b>
<b>Tel No.</b>	<b>Mobile -</b>

**MEMBER OF CATTLE HEALTH SCHEME (PLEASE CIRCLE AS APPROPRIATE)**

SAC PREMIUM CATTLE HEALTH SCHEME

AFBI CATTLE HEALTH SCHEME

HI HEALTH BIOBEST

AXIOM

**Please Complete (circle as appropriate):**

	Accredited Free	Herd Testing	Blood Test of Sale Animals	Herd Vaccinating	Vaccination of Sale Animals	Vaccination Date
<b>BVD</b>	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
<b>IBR</b>	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
<b>LEPTO</b>	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
<b>Johne's</b>	N/A	Yes/No	Yes/No	N/A	N/A	

**Johne's Risk Level (circle if appropriate)**    1    2    3    4    5

**TB testing interval**..... **TB date of last clear test**.....

**Additional Information -** .....

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