

# THE BRITISH SIMMENTAL CATTLE SOCIETY

## HEALTH STATUS GUIDE HERD

**LOT**

**MEMBER OF CATTLE HEALTH SCHEME**

Y/N

**NO. OF YEARS**

**MEMB. NO.**

**NAME OF SCHEME**

**Animal's Name**

**Ear Number**

Disease	Herd Accredited	Individual Negative	Vaccinated
<b>BVD</b>	/ /	/ /	/ /
<b>Lepto</b>	/ /	/ /	/ /
<b>IBR</b>	/ /	/ /	/ /
<b>TB 1</b>	<b>Date of last farm test</b> / /	<b>Date of pre-movement test</b> / /	<b>DISEASE ACCREDITED</b>
<b>Johne's</b>	<b>Accredited</b> .....Years		
<b>Johne's Monitored</b>			



I confirm that all blood tests have been undertaken by a "CHeCS" Approved laboratory

Photocopy as necessary.

**Signed (on behalf of owner):**

**Date / /**

**Signed (vendors vet)**

**Date / /**