



# THE BRITISH SIMMENTAL CATTLE SOCIETY LTD OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING NUMBER: \_\_\_\_\_ HERD PREFIX \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SALE VENUE / DATE: \_\_\_\_\_

<b>TB</b>	
<b>DATE HERD LAST TESTED CLEAR:</b>	<b>TESTING INTERVAL</b> <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 4 Years

**FOR ALL SOCIETY SALES VENDORS MUST BE A MEMBER OF A CHcCS LICENSED HERD HEALTH SCHEME**

PLEASE INDICATE  SAC Premium Cattle Health Scheme     Hihealth Herdcare     NML Herdwise  
 Jersey Island Genetics     AFBI Cattle Health Scheme     Herdsure     Advanced Cattle Health Scheme  
 Shetland Animal Health Scheme

<u>Herd Health Status</u>	Please complete the following:		
	Accredited free	Herd Testing	Vaccination
<b>BVD</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>IBR</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> Male    If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine:
<b>LEPTO</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> Male    If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine:
<b>JOHNES</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Monitored <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	

Compulsory BVD vaccination dates for sale animals:

Male    
 Female

**Declaration:**  
I certify that the above information is correct as at date of entry

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_