



# SALERS CATTLE SOCIETY OF THE UK

## OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING LETTER: ..... HERD PREFIX:.....  
 NAME:.....  
 ADDRESS: .....  
 TEL NO: ..... SALE DATE: .....

BOVINE TB	
DATE HERD LAST TESTED CLEAR:	TESTING INTERVAL: <input type="checkbox"/> 1YEAR <input type="checkbox"/> 3YEARS <input type="checkbox"/> 2YEARS <input type="checkbox"/> 4 YEARS

HEALTH SCHEME
PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF
<input type="checkbox"/> SAC Premium Cattle Health Scheme <input type="checkbox"/> Biobest Hi Health Herdcare <input type="checkbox"/> NML Herdwise <input type="checkbox"/> NWL Advance Cattle Health Scheme <input type="checkbox"/> AFBI Cattle Health Scheme <input type="checkbox"/> Other (please name).....
TICK WHICH DISEASES APPLY: <input type="checkbox"/> JOHNES <input type="checkbox"/> BVD <input type="checkbox"/> IBR <input type="checkbox"/> LEPTO

ALL VENDORS MUST COMPLETE THE FOLLOWING			
	Accredited free (CHECS members only)	Herd Testing	Vaccination of Sale Animals Only
<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"/> Yes    Vaccine – Bovidec/Bovilis (delete as applicable)
<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    If Yes, name of Vaccine: <input type="checkbox"/> No
<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    If Yes, name of Vaccine: <input type="checkbox"/> No
<b>JOHNES</b>	<b>Risk Level (Consult your health scheme)</b> Risk Level 1 <input type="checkbox"/> Accredited Risk Level 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> Risk Level 4 <input type="checkbox"/>	Number of Consecutive Years Monitored Clear  (Consult your Health Scheme) <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></div> Years	<input type="checkbox"/> Yes    If Yes, name of Vaccine: <input type="checkbox"/> No

**VENDOR DECLARATION:**

I certify that the above information is correct at date of entry. The animal/s have been individually screened for BVD virus, to identify PI's (only applicable if not BVD Accredited) and my herd is Johnes monitored risk level 1-4.

**I attach a copy of veterinary certificate results.**

**All sale animals entered are BVD vaccinated and from a Johnes monitored herd risk level 1-4.**

I allow the Breed Society/Auctioneer to verify the details above with my CHECHS Health Scheme Provider if applicable:

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

*Disclaimer: The above information is supplied by the vendor and the Auctioneer/Breed Society is not responsible for the accuracy of this information. Failure to complete and return this declaration with the entries may result in the animals not being accepted for the sale.*