



THE HEREFORD CATTLE SOCIETY OFFICIAL SALE HERD HEALTH DECLARATION



HOLDING NUMBERS: _____ HERD PREFIX: _____

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

SALE DATE: _____

BOVINE TB	
DATE HERD LAST TESTED CLEAR:	TESTING INTERVAL <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR <input type="checkbox"/> 2 YEARS <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"/> Hi Health Herdcare (Biobest) <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
BVD	<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/Bovela (Delete as applicable)
IBR	<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
LEPTO	<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
JOHNES	Risk Level (Consult your Health Scheme) Level 1 <input type="checkbox"/> Accredited Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>	Number of Consecutive Years Monitored Clear (Consult your Health Scheme) Years <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div>	<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. I also confirm that I allow the Hereford Cattle Society or an Agent authorised by them to verify the details above with my CHeCS Health Scheme Provider, if applicable.	
Signed: _____ Name: _____ Date: _____	
The Hereford Cattle Society, Hereford House, 3 Offa Street, Hereford, HR1 2LL Tel: 01432 272057 Fax: 01432 377529	
Disclaimer: The above information is supplied by the Vendor, and therefore the Breed Society and Auctioneer are not responsible for the accuracy of this information.	